#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,721 #CALIF DEPT OF HEALTH SERV MEDITORS SERVICE/DENTAL
MOP024 FEE-FOR-SERVICE/DENTAL
MARIPOSA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

01/29/04

----- MONTHLY AVERAGE -----

UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 857 ELIGIBLES USERS @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES @PHARMACY #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,722 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10 MARIPOSA COUNTY ----- MONTHLY AVERAGE -----

857 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST UPER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	18	53 \$	1,153.09	\$ 21.76	.062 \$	64.06	
	9	9 9	391.60	43.51	.002 \$	43.51	.46
DIAGNOSTIC AND ANC. PROCED	13						
EYE APPLIANCES		34	534.86	15.73	.040	41.14	.62
OTHER OPTOMETRIC SERVICES	5	10	226.63	22.66	.012	45.33	. 26
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	6	6 \$	17.90	\$ 2.98	.007 \$	2.98	•
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	6	6	17.90	2.98	.007	2.98	.02
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	1	2 \$	13.26	\$ 6.63	.002 \$	13.26	\$.02
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	72	296 \$	11,909.47	\$ 40.23	.345 \$	165.41	\$ 13.90
HOSP INPATIENT TOTAL	9	26	6,709.65	258.06	.030	745.52	7.83
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	Ö	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	o o	26	6,709.65	258.06	.030	745.52	7.83
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	66	270	5,199.82	19.26	.315	78.79	6.07
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	
PATHOLOGY	1	1				65.66	.00 .08
RADIOLOGY	0	0	65.66	65.66	.001		
ROOM USE			.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	65	269	5,134.16	19.09	.314	78.99	5.99
@COUNTY HOSPITAL TOTAL	4	18 \$	380.82	\$ 21.16	.021 \$	95.21	•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	U	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	18	380.82	21.16	.021	95.21	.44
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	4	18	380.82	21.16	.021	95.21	.44
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	ONTH-OF-PAYMENT RI	EPORT FOR JAN 20	003 THRU DEC	2003	PAGE 6,723
MOP024	FEE-FOR-SERVICE						01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR CASH GRANT	- AGED	AID CODE 1	_0		
				-	MONT	HLY AVERA	GE
857 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST U	JNITS/DAYS	COST PER	COST PER

		OR DAIS OF CARE			PEF	C UNII/DAY	PER ELIC	r	USER		THATALL
@COMMUNITY HOSPITAL TOTAL	68	278	\$	11,528.65	\$	41.47	.324	\$	169.54	\$	13.45
COMM HOSP INPATIENT TOTAL	9	26	•	6,709.65	•	258.06	.030	-	745.52	-	7.83
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
	0	0									
ADMINISTRATIVE DAYS	U	U		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	Ü		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	9	26		6,709.65		258.06	.030		745.52		7.83
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	62	252		4,819.00		19.12	.294		77.73		5.62
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
	0	0									
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	<u> </u>		65.66		65.66	.001		65.66		.08
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	61	251		4,753.34		18.94	.293		77.92		5.55
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00	•	.00	.000	•	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	g g	239	\$	41,736.58	\$	174.63	.279	\$	5217.07	\$	48.70
	0	0	Y	•	Ÿ	.00	.000	Y	.00	Y	.00
LEV A-INTERMEDIATE	0			.00							
LEV B-REHAB MD	U	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	8	239		41,736.58		174.63	.279		5217.07		48.70
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	·	.00	•	.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
	1	1	\$		بخ		.001	بي		۲,	
@HEMODIALYSIS TOTAL	1	_	Ą	244.05	\$	244.05		\$	244.05	\$. 28
HOSPITAL BASED	U	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	1		244.05		244.05	.001		244.05		.28
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	4	\$	20.77	\$	5.19	.005	\$	5.19	\$.02
PATHOLOGY	0	0	•	.00	•	.00	.000		.00		.00
XO AND OTHERS	4	4		20.77		5.19	.005		5.19		.02
@ORGANIZED OUTPATIENT CLINIC	212	386	\$	10,807.50	\$	28.00	.450	\$	50.98	\$	12.61
	0	0	Ą	•	Ą		.000	Ą		Ą	
CLINIC	0			.00		.00			.00		.00
SURGICENTER	3	3		243.29		81.10	.004		81.10		. 28
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	210	383		10,564.21		27.58	.447		50.31		12.33
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITUR	ES	MONTH-OF-PAYMENT RI	EPOR1	FOR JAN	2003 THRU	DEC	2003	P	AGE 6,724
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	VICES FOR CASH GR	ANT	- AGED		AID CODE	10				
				-				ОМТ	HLY AVERA	GE ·	
857 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Δ177	RACE COST	UNITS/DAY				COST PER
OS / EDICIDED	овыкв	OR DAYS OF CARE		DZI DIVDI I OKLO			PER ELIG		USER		ELIGIBLE
eall omited providence	1.66			01 545 74							
@ALL OTHER PROVIDERS	166		\$	21,545.74	\$	2.54	9.908	Ş	129.79	Ş	25.14
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	8	11		3,307.92		300.72	.013		413.49		3.86
MEDICAL TRANSPORTATION	7	103		672.61		6.53	.120		96.09		.78
AMBULANCES/AIR TRANS	2	4		221.42		55.36	.005		110.71		.26
OTHER TRANS	3	59		305.19		5.17	.069		101.73		.36

PER UNIT/DAY PER ELIG

USER

ELIGIBLE

OR DAYS OF CARE

OTHER SERVICES	3	40	146.00	3.65	.047	48.67	.17
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	27	82	7,134.44	87.01	.096	264.24	8.32
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	26	62	1,740.06	28.07	.072	66.93	2.03
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	4	45.98	11.50	.005	45.98	.05
PROSTHETICS	1	4	45.98	11.50	.005	45.98	.05
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	9	1,014.70	112.74	.011	202.94	1.18
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	109	8,220	7,630.03	.93	9.592	70.00	8.90
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	
@XOVER EXCLUDING STATE HOSP**	232	2,052	\$ 22,874.14	\$ 11.15	2.394	\$ 98.60	\$ 26.69

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,725
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MARIPOSA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

----- MONTHLY AVERAGE -----121 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 69,241.34 @TOTAL, ALL PROVIDERS 736.61 \$ 572.24 94 13,121 5.28 108.438 \$ @PHYSICIANS SERVICES 14 21 76.73 .174 \$ 115.09 \$ 13.32 1,611.32 OUTPATIENT VISITS 197.06 49.27 .033 49.27 1.63 4 OFFICE VISITS 3 3 145.80 48.60 .025 48.60 1.20 .00 .00 HOME VISITS .00 .000 .00 EMERGENCY ROOM 51.26 51.26 .008 51.26 .42 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 .00 OB VISITS/COMPRE PERI .00 .000 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 .000 INPATIENT VISITS .00 .00 .00 .00 .00 HOSPITAL VISITS .00 .000 .00 .00 .00 .00 .000 .00 CRITICAL CARE .00 .000 SNF/ICF/TRANS IP CARE .00 .00 .00 .00 102.80 .025 .85 OPHTHALMOLOGICAL SERVICES 34.27 51.40 102.80 34.27 51.40 EXAMINATIONS .025 SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY .00 .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY 186.15 186.15 186.15 .008 1.54 PRINCIPAL SURGEON 186.15 186.15 .008 186.15 1.54 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .00 .000 .00 ANESTHESIOLOGIST .00 DIALYSIS .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 988.94 329.65 .025 329.65 RADIOLOGY 8.17 **PSYCHIATRY** .00 .00 .000 .00 .00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	6	10	136.37	1	3.64	.083	22.73	1.13
@PHARMACY	73	11,210	\$ 33,948.76	\$	3.03	92.645	\$ 465.05	\$ 280.57
PRESCRIPTION DRUGS	73	384	30,396.19	7	9.16	3.174	416.39	251.21
SNF/ICF	0	0	.00		.00	.000	.00	.00
OUTPATIENTS	73	384	30,396.19	7	9.16	3.174	416.39	251.21
MEDICAL SUPPLIES	13	10,826	3,552.57		.33	89.471	273.27	29.36
@DENTIST	7	35	\$ 1,619.25	\$ 4	6.26	.289	\$ 231.32	\$ 13.38
VISITS - DIAGNOSTIC	5	21	365.00	1	7.38	.174	73.00	3.02
ORAL SURGERY	1	1	45.00	4	15.00	.008	45.00	.37
DRUGS	0	0	.00		.00	.000	.00	.00
ANESTHESIA	0	0	.00		.00	.000	.00	.00
PERIODONTICS	1	2	400.00	20	0.00	.017	400.00	3.31
ENDODONTICS	0	0	.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	3	129.00	4	13.00	.025	129.00	1.07
PROSTHETICS	0	0	.00		.00	.000	.00	.00

DENTURES, STAYPLATES	2	6	434.16	72.36	.050	217.08	3.59
SPACE MAINTAINERS	1	ĺ	120.00	120.00	.008	120.00	.99
MAXILLOFACIAL SERVICES	1	1	126.09	126.09	.008	126.09	1.04
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPOR	T FOR JAN	2003 THRU DE	C 2003	PAGE 6,726
MOP024	FEE-FOR-SERVICE/DENTA	<u> </u>					01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES F	OR CASH GRAN'	T - BLIND	AID CODE	20		
					N/ONT	TITT 37 A T 7 T T T A	O.E.

MARIPOSA COUNTY	SUMMARY OF SERVIC		CASH CP	– ידוא	RI.TND		AID CODE	20				01/25/01
MAKIFOSA COUNTI	SOMMANI OF SERVIC	MOT CH.	CASII GIV	HTM T —	BHIND		AID CODE	MO	וידואר	HIV VILDA	CF	
121 ELIGIBLES	USERS U	NITTS OF	SERVICE		EXPENDITURES	77.7.Z	PACE COST	UNITS/DAYS				COST PER
IZI EDIGIDDES			OF CARE		EXFENDITORES			PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	3	OK DAID	5	\$	137.75	\$.041		45.92		1.14
DIAGNOSTIC AND ANC. PROCED	2		2	Y	94.90	Ų	47.45	.017	Ÿ	47.45	Ÿ	.78
EYE APPLIANCES	1		3		42.85		14.28	.025		42.85		.35
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	Ô		0	\$.00	\$.00	.000	Ġ	.00	Ś	.00
VISITS	0		0	Y	.00	٧	.00	.000	٧	.00	٧	.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	1		3	\$		\$	17.65	.025	Ġ	52.95	Ġ	.44
MEDICINE/INJECTIONS	0		0	Y	.00	٧	.00	.000	٧	.00	٧	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	1		3		52.95		17.65	.025		52.95		.44
@HOME HEALTH AGENCY	1 6 1 0 0 0 18 1		740	¢	21,859.52	\$	29.54	6.116	Ċ	3643.25	Ġ	180.66
NURSE ANESTHESIST	1		8	\$	136.87		17.11	.066	ς γ	136.87		1.13
NURSE MIDWIFE	0		0	Ġ.		\$.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	0		0	Ġ.	.00	Ġ	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0		0	Š	.00	Š	.00	.000		.00		.00
@TOTAL HOSPITAL	18		41	Š	1,390.32	Š	33 91	.339		77.24		11.49
HOSP INPATIENT TOTAL	1		4	Y	840.00	Ų	210.00	.033	Ÿ	840.00	Ÿ	6.94
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	Ô		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1		4		840.00		210.00	.033		840.00		6.94
ALL OTHER INPATIENT	0 1 0 17		Ô		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	17		37		550.32		14.87	.306		32.37		4.55
MEDICAL	4		4		96.66		24.17	.033		24.17		.80
SURGERY	0		Ō		.00		.00	.000		.00		.00
PATHOLOGY	6		15		141.41		9.43	.124		23.57		1.17
RADIOLOGY	Ô		0		.00		.00	.000		.00		.00
ROOM USE	2		2		62.00		31.00	.017		31.00		.51
CROSSOVERS/ALL OTH OUTPTNT	8		16		250.25		15.64	.132		31.28		2.07
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0		Ö	Υ	.00	Ψ.	.00	.000	Ψ.	.00	Τ.	.00
HSC HOSPITALS	0		Ö		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		Ö		.00		.00	.000		.00		.00
ACCOMMODATIONS	Ô		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		Ô		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		Ö		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		Ô		.00		.00	.000		.00		.00
MEDICAL	0		Ö		.00		.00	.000		.00		.00
	ŭ		•									

												•
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXI	>ENDTTI	RES M	ONTH-OF-PAYMENT R	REPORT			DEC		ΡZ	AGE 6,727
MOP024	FEE-FOR-SERVICE			TCEO II		CDI OICI	1010 01110 2	1005 111110	DLC	2003		01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV		CASH G	RANT	- BLIND		AID CODE	2.0				01/25/01
1111111 0511 0001111	011111111	1010 1011	011011 0		22112		1112 0022		ONT	HLY AVERA	GE -	
121 ELIGIBLES	USERS	UNITS OF	SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY		COST PER		COST PER
	0.0	OR DAYS					UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	18		41	Ġ	1,390.32	\$	33.91	.339		77.24	\$	11.49
COMM HOSP INPATIENT TOTAL	1		4	-T	840.00	т.	210.00	.033	т.	840.00	т.	6.94
HSC HOSPITALS	0		Ō		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1		4		840.00		210.00	.033		840.00		6.94
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	17		37		550.32		14.87	.306		32.37		4.55
MEDICAL	4		4		96.66		24.17	.033		24.17		.80
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	6		15		141.41		9.43	.124		23.57		1.17
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	2		2		62.00		31.00	.017		31.00		.51
CROSSOVERS/ALL OTH OUTPINT	8		16		250.25		15.64	.132		31.28		2.07
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00		.00	.000		.00		.00
TCF DD	0		Λ		0.0		0.0	000		0.0		0.0

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	4		840.00		210.00	.033		840.00		6.94
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	17	37		550.32		14.87	.306		32.37		4.55
MEDICAL	4	4		96.66		24.17	.033		24.17		.80
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	6	15		141.41		9.43	.124		23.57		1.17
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	2		62.00		31.00	.017		31.00		.51
CROSSOVERS/ALL OTH OUTPTNT	8	16		250.25		15.64	.132		31.28		2.07
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00	·	.00	.000	•	.00	•	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	•	.00	.000	•	.00	•	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00	·	.00	.000	•	.00	•	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00	·	.00	.000	•	.00	•	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	•	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	32	\$	397.62	\$	12.43	.264	\$	66.27	\$	3.29
PATHOLOGY	5	29		386.85	•	13.34	.240		77.37		3.20
XO AND OTHERS	1	3		10.77		3.59	.025		10.77		.09
@ORGANIZED OUTPATIENT CLINIC	18	23	\$	1,828.47	\$	79.50	.190	\$	101.58	\$	15.11
CLINIC	0	0	•	.00	·	.00	.000	•	.00	•	.00
SURGICENTER	1	5		283.08		56.62	.041		283.08		2.34
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	17	18		1,545.39		85.86	.149		90.91		12.77
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E		JRES M		EPORT I			DEC		PΙ	AGE 6,728
MOP024	FEE-FOR-SERVICE/DENTAL				_			-			01/29/04
MADIDOCA COUNTY	CIIMMADY OF CEDITORS FOR	CACH	ידיז ג סי	DI TMD		ATD CODE	z 20				

MOP024 MOP024 MARIPOSA COUNTY

SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

121 ELIGIBLES	USERS U	NITS OF SERVICE]	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE	:		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	13	1,003	\$	6,258.51	\$ 6.24	8.289	\$ 481.42	\$ 51.72
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	1		88.65	88.65	.008	88.65	.73
AMBULANCES/AIR TRANS	1	1		88.65	88.65	.008	88.65	.73
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1	2		24.86	12.43	.017	24.86	.21
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	4		780.82	195.21	.033	260.27	6.45
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	8	978		4,865.21	4.97	8.083	608.15	40.21
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	18		498.97	27.72	.149	249.49	4.12
@CALIF. CHILDREN SERVICES*	3	147	\$	1,250.39	\$ 8.51	1.215	\$ 416.80	\$ 10.33
@XOVER EXCLUDING STATE HOSP**	27	7,586	\$	2,819.10	\$.37	62.694	\$ 104.41	\$ 23.30
@* TOTALS IN THESE LINES ARE GIVE	N AS A SEPARAT	E INFORMATION I	TEM O	NLY;				

----- MONTHLY AVERAGE -----

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,729
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MARIPOSA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

111111110011 0001111	001111111111111111111111111111111111111	CVICED I OIL OILDII CILIILI	2121222	1112 0022	• •		
					MON	THLY AVERA	GE
3,762 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	3,127	111,226 \$	2,234,408.67	\$ 20.09	29.566 \$	714.55	\$ 593.94
@PHYSICIANS SERVICES	780	3,271 \$	121,615.22	\$ 37.18	.869 \$	155.92	\$ 32.33
OUTPATIENT VISITS	211	277	12,727.13	45.95	.074	60.32	3.38
OFFICE VISITS	129	174	6,884.52	39.57	.046	53.37	1.83
HOME VISITS	1	1	68.62	68.62	.000	68.62	.02
EMERGENCY ROOM	57	64	4,300.40	67.19	.017	75.45	1.14
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	34	38	1,473.59	38.78	.010	43.34	.39
INPATIENT VISITS	75	272	12,339.82	45.37	.072	164.53	3.28
HOSPITAL VISITS	65	254	11,528.42	45.39	.068	177.36	3.06
CRITICAL CARE	2	3	364.80	121.60	.001	182.40	.10
SNF/ICF/TRANS IP CARE	10	15	446.60	29.77	.004	44.66	.12
OPHTHALMOLOGICAL SERVICES	17	17	782.93	46.05	.005	46.05	.21
EXAMINATIONS	17	17	782.93	46.05	.005	46.05	.21
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	37	358	21,534.37	60.15	.095	582.01	5.72
PRINCIPAL SURGEON	22	42	17,448.32	415.44	.011	793.11	4.64

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	3	3	369.32	123.11	.001	123.11	.10
ANESTHESIOLOGIST	17	313	3,716.73	11.87	.083	218.63	.99
OUTPATIENT SURGERY	62	160	14,917.13	93.23	.043	240.60	3.97
PRINCIPAL SURGEON	57	84	12,996.58	154.72	.022	228.01	3.45
ASSISTANT SURGEON	3	3	418.10	139.37	.001	139.37	.11
ANESTHESIOLOGIST	11	73	1,502.45	20.58	.019	136.59	.40
DIALYSIS	12	27	3,366.75	124.69	.007	280.56	.89
PATHOLOGY	94	358	2,963.14	8.28	.095	31.52	.79
RADIOLOGY	314	653	30,156.79	46.18	.174	96.04	8.02
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	17	216	6,817.44	31.56	.057	401.03	1.81
	294		16,009.72	17.16		54.45	4.26
OTHER SERVICES/ALL X-OVERS		933			.248		
@PHARMACY	2,618	31,302 \$	999,658.49	\$ 31.94	8.321	\$ 381.84	\$ 265.73
PRESCRIPTION DRUGS	2,601	11,369	973,109.96	85.59	3.022	374.13	258.67
SNF/ICF	45	318	23,542.72	74.03	.085	523.17	6.26
OUTPATIENTS	2,561	11,051	949,567.24	85.93	2.938	370.78	252.41
MEDICAL SUPPLIES	197	19,933	26,548.53	1.33	5.299	134.76	7.06
@DENTIST	177	894 \$	40,039.15	\$ 44.79	.238	\$ 226.21	\$ 10.64
	118	515					1.77
VISITS - DIAGNOSTIC			6,663.00	12.94	.137	56.47	
ORAL SURGERY	34	137	6,903.00	50.39	.036	203.03	1.83
DRUGS	2	9	135.00	15.00	.002	67.50	.04
ANESTHESIA	3	4	400.00	100.00	.001	133.33	.11
PERIODONTICS	10	15	1,656.00	110.40	.004	165.60	.44
ENDODONTICS	11	23	6,196.00	269.39	.006	563.27	1.65
RESTORATIVE DENTISTRY	53	164	13,181.00	80.37	.044	248.70	3.50
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01
PROSTILETICS	1						
DENTURES, STAYPLATES	6	12	3,755.00	312.92	.003	625.83	1.00
SPACE MAINTAINERS	1	1	120.00	120.00	.000	120.00	.03
MAXILLOFACIAL SERVICES	2	2	210.15	105.08	.001	105.08	.06
FRACTURES, DISLOCATIONS	_	0	.00	.00	.000	.00	.00
PRACTORES, DISLOCATIONS	53 1 6 1 2 0 9	10		79.00		87.78	
OKTHODOWITE BEKVIEED			790.00		.003		.21
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	1 MEDI-CAL SERVI	1 CES AND EXPENDITURES	.00	.00	.000	.00	.00 PAGE 6,730
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVI	1 CES AND EXPENDITURES E/DENTAL	.00 MONTH-OF-PAYMENT RI	.00 EPORT FOR JAN	.000 2003 THRU D	.00	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	1 CES AND EXPENDITURES	.00 MONTH-OF-PAYMENT RI	.00 EPORT FOR JAN	.000 2003 THRU D	.00 EC 2003	.00 PAGE 6,730 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SER	1 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT	.00 MONTH-OF-PAYMENT RI	.00 EPORT FOR JAN AID CODE	.000 2003 THRU DE E 60	.00 EC 2003 NTHLY AVERA	.00 PAGE 6,730 01/29/04 GE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVI	1 CES AND EXPENDITURES E/DENTAL	.00 MONTH-OF-PAYMENT RI	.00 EPORT FOR JAN	.000 2003 THRU DE E 60	.00 EC 2003 NTHLY AVERA	.00 PAGE 6,730 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SER	1 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE	.00 MONTH-OF-PAYMENT RI	.00 EPORT FOR JAN AID CODE AVERAGE COST	.000 2003 THRU D E 60 MO T UNITS/DAYS	.00 EC 2003 NTHLY AVERA COST PER	.00 PAGE 6,730 01/29/04 GE COST PER
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 3,762 ELIGIBLES	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER	1 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE	.00 MONTH-OF-PAYMENT RI '- DISABLED EXPENDITURES	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY	.000 2003 THRU D E 60 MO T UNITS/DAYS T PER ELIG	.00 EC 2003 NTHLY AVERA COST PER USER	.00 PAGE 6,730 01/29/04 GE COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 3,762 ELIGIBLES @OPTOMETRIST	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS	1 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 172 \$.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 3,836.23	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.30	.000 2003 THRU DE E 60 MOE T UNITS/DAYS T PER ELIG .046	.00 EC 2003 NTHLY AVERA COST PER USER \$ 65.02	.00 PAGE 6,730 01/29/04 GE COST PER ELIGIBLE \$ 1.02
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 3,762 ELIGIBLES	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 59 35	1 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 172 \$ 35	.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 3,836.23 1,660.75	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.30 47.45	.000 2003 THRU D E 60 MO T UNITS/DAYS V PER ELIG .046 .009	.00 EC 2003 NTHLY AVERA COST PER USER \$ 65.02 47.45	.00 PAGE 6,730 01/29/04 GE COST PER ELIGIBLE \$ 1.02 .44
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 3,762 ELIGIBLES @OPTOMETRIST	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS	1 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 172 \$.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 3,836.23 1,660.75	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.30	.000 2003 THRU DE E 60 MOE T UNITS/DAYS T PER ELIG .046	.00 EC 2003 NTHLY AVERA COST PER USER \$ 65.02	.00 PAGE 6,730 01/29/04 GE COST PER ELIGIBLE \$ 1.02
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 3,762 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 59 35 40	1 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 172 \$ 35 124	.00 MONTH-OF-PAYMENT RI '- DISABLED EXPENDITURES 3,836.23 1,660.75 1,838.07	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.30 47.45 14.82	.000 2003 THRU DE E 60 MOI UNITS/DAYS V PER ELIG .046 .009 .033	.00 EC 2003 NTHLY AVERA COST PER USER \$ 65.02 47.45 45.95	.00 PAGE 6,730 01/29/04 GE COST PER ELIGIBLE \$ 1.02 .44 .49
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 3,762 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 59 35 40 7	1 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 172 \$ 35 124 13	.00 MONTH-OF-PAYMENT RE '- DISABLED EXPENDITURES 3,836.23 1,660.75 1,838.07 337.41	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.30 47.45 14.82 25.95	.000 2003 THRU DE E 60 MOI UNITS/DAYS V PER ELIG .046 .009 .033 .003	.00 EC 2003 NTHLY AVERA COST PER USER \$ 65.02 47.45 45.95 48.20	.00 PAGE 6,730 01/29/04 GE COST PER ELIGIBLE \$ 1.02 .44 .49 .09
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 3,762 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 59 35 40 7 17	CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 172 \$ 35 124 13 30 \$.00 MONTH-OF-PAYMENT RE '- DISABLED EXPENDITURES 3,836.23 1,660.75 1,838.07 337.41 501.60	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.30 47.45 14.82 25.95 \$ 16.72	.000 2003 THRU D E 60 MO T UNITS/DAYS V PER ELIG .046 .009 .033 .003	.00 EC 2003 NTHLY AVERA COST PER USER \$ 65.02 47.45 45.95 48.20 \$ 29.51	.00 PAGE 6,730 01/29/04 GE COST PER ELIGIBLE \$ 1.02 .44 .49 .09 \$.13
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 3,762 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 59 35 40 7 17 17	CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 172 \$ 35 124 13 30 \$ 30	.00 MONTH-OF-PAYMENT RI '- DISABLED EXPENDITURES 3,836.23 1,660.75 1,838.07 337.41 501.60 501.60	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.30 47.45 14.82 25.95 \$ 16.72 16.72	.000 2003 THRU D E 60 MO T UNITS/DAYS V PER ELIG .046 .009 .033 .003 .008	.00 EC 2003 NTHLY AVERA COST PER USER \$ 65.02 47.45 45.95 48.20 \$ 29.51 29.51	.00 PAGE 6,730 01/29/04 GE COST PER ELIGIBLE \$ 1.02 .44 .49 .09 \$.13 .13
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 3,762 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 59 35 40 7 17	CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 172 \$ 35 124 13 30 \$.00 MONTH-OF-PAYMENT RI '- DISABLED EXPENDITURES 3,836.23 1,660.75 1,838.07 337.41 501.60 501.60	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.30 47.45 14.82 25.95 \$ 16.72 16.72	.000 2003 THRU D E 60 MO T UNITS/DAYS V PER ELIG .046 .009 .033 .003 .008	.00 EC 2003 NTHLY AVERA COST PER USER \$ 65.02 47.45 45.95 48.20 \$ 29.51 29.51	.00 PAGE 6,730 01/29/04 GE COST PER ELIGIBLE \$ 1.02 .44 .49 .09 \$.13 .13
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 3,762 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 59 35 40 7 17 17 17 0	CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 172 \$ 35 124 13 30 \$ 30 0	.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 3,836.23 1,660.75 1,838.07 337.41 501.60 501.60	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.30 47.45 14.82 25.95 \$ 16.72 16.72 .00	.000 2003 THRU DE E 60 MOE F UNITS/DAYS F PER ELIG .046 .009 .033 .008 .008 .008	.00 EC 2003 NTHLY AVERA COST PER USER \$ 65.02 47.45 45.95 48.20 \$ 29.51 29.51	.00 PAGE 6,730 01/29/04 GE COST PER ELIGIBLE \$ 1.02 .44 .49 .09 \$.13 .13
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 3,762 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY S	CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 172 \$ 35 124 13 30 \$ 30 0 16 \$.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 3,836.23 1,660.75 1,838.07 337.41 501.60 501.60 .00 498.18	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.30 47.45 14.82 25.95 \$ 16.72 16.72 .00 \$ 31.14	.000 2003 THRU DE E 60 MOE F UNITS/DAYS F PER ELIG .046 .009 .033 .003 .003 .008 .008 .008	.00 EC 2003 NTHLY AVERA COST PER USER \$ 65.02 47.45 45.95 48.20 \$ 29.51 29.51 .00 \$ 31.14	.00 PAGE 6,730 01/29/04 GE COST PER ELIGIBLE \$ 1.02 .44 .49 .09 \$.13 .13 .00 \$.13
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 3,762 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY S	CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 172 \$ 35 124 13 30 \$ 30 0 16 \$ 11	.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 3,836.23 1,660.75 1,838.07 337.41 501.60 501.60 .00 498.18 270.20	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.30 47.45 14.82 25.95 \$ 16.72 16.72 00 \$ 31.14 24.56	.000 2003 THRU D E 60 MO T UNITS/DAYS T PER ELIG .046 .009 .033 .003 .008 .008 .008	.00 EC 2003 NTHLY AVERA COST PER USER \$ 65.02 47.45 45.95 48.20 \$ 29.51 29.51 .00 \$ 31.14 24.56	.00 PAGE 6,730 01/29/04 GE COST PER ELIGIBLE \$ 1.02 .44 .49 .09 \$.13 .13 .00 \$.13
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 3,762 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	MEDI-CAL SERVICE SUMMARY OF SERVICE SUMARY OF SERVICE SUMMARY OF SERVICE SUMMARY OF SERVI	CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 172 \$ 35 124 13 30 \$ 30 0 16 \$ 11	.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 3,836.23 1,660.75 1,838.07 337.41 501.60 501.60 .00 498.18	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.30 47.45 14.82 25.95 \$ 16.72 16.72 .00 \$ 31.14	.000 2003 THRU DE E 60 MOE F UNITS/DAYS F PER ELIG .046 .009 .033 .003 .003 .008 .008 .008	.00 EC 2003 NTHLY AVERA COST PER USER \$ 65.02 47.45 45.95 48.20 \$ 29.51 29.51 .00 \$ 31.14	.00 PAGE 6,730 01/29/04 GE COST PER ELIGIBLE \$ 1.02 .44 .49 .09 \$.13 .13 .00 \$.13
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 3,762 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY S	CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 172 \$ 35 124 13 30 \$ 30 0 16 \$ 11	.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 3,836.23 1,660.75 1,838.07 337.41 501.60 501.60 .00 498.18 270.20 .00	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.30 47.45 14.82 25.95 \$ 16.72 16.72 00 \$ 31.14 24.56 00	.000 2003 THRU DE E 60 MOS T UNITS/DAYS T PER ELIG .046 .009 .033 .003 .008 .008 .000 .004 .003 .000	.00 EC 2003 NTHLY AVERA COST PER USER \$ 65.02 47.45 45.95 48.20 \$ 29.51 29.51 .00 \$ 31.14 24.56 .00	.00 PAGE 6,730 01/29/04 GE COST PER ELIGIBLE \$ 1.02 .44 .49 .09 \$.13 .13 .00 \$.13 .07 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 3,762 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	1 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 59 35 40 7 17 17 0 16 11 0 0	CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 172 \$ 35 124 13 30 \$ 30 0 16 \$ 11 0 0	.00 MONTH-OF-PAYMENT RI 7 - DISABLED EXPENDITURES 3,836.23 1,660.75 1,838.07 337.41 501.60 501.60 .00 498.18 270.20 .00 .00	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.30 47.45 14.82 25.95 \$ 16.72 16.72 .00 \$ 31.14 24.56 .00 .00	.000 2003 THRU DE E 60 MON T UNITS/DAYS Z PER ELIG .046 .009 .033 .003 .008 .008 .000 .004 .003 .000	.00 EC 2003 NTHLY AVERA COST PER USER \$ 65.02 47.45 45.95 48.20 \$ 29.51 29.51 .00 \$ 31.14 24.56 .00 .00	.00 PAGE 6,730 01/29/04 GE COST PER ELIGIBLE \$ 1.02 .44 .49 .09 \$.13 .13 .00 \$.13 .00 \$.13
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 3,762 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 59 35 40 7 17 17 0 16 11 0 0 5	CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 172 \$ 35 124 13 30 \$ 30 0 16 \$ 11 0 0 5	.00 MONTH-OF-PAYMENT RI 7 - DISABLED EXPENDITURES 3,836.23 1,660.75 1,838.07 337.41 501.60 501.60 .00 498.18 270.20 .00 .00 .00 .00 .00 .00 .00	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.30 47.45 14.82 25.95 \$ 16.72 16.72 .00 \$ 31.14 24.56 .00 .00 45.60	.000 2003 THRU DE E 60 T UNITS/DAYS T PER ELIG .046 .009 .033 .003 .008 .008 .000 .004 .003 .000 .000 .000	.00 EC 2003 NTHLY AVERA COST PER USER \$ 65.02 47.45 45.95 48.20 \$ 29.51 29.51 .00 \$ 31.14 24.56 .00 .00 45.60	.00 PAGE 6,730 01/29/04 GE COST PER ELIGIBLE \$ 1.02 .44 .49 .09 \$.13 .13 .00 \$.13 .07 .00 .00 .06
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 3,762 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	1 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 59 35 40 7 17 17 0 16 11 0 0 5 12	CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 172 \$ 35 124 13 30 \$ 30 0 16 \$ 11 0 0 5 53 \$.00 MONTH-OF-PAYMENT RI 7 - DISABLED EXPENDITURES 3,836.23 1,660.75 1,838.07 337.41 501.60 501.60 .00 498.18 270.20 .00 .00 227.98 3,453.05	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.30 47.45 14.82 25.95 \$ 16.72 16.72 .00 \$ 31.14 24.56 .00 .00 45.60 \$ 65.15	.000 2003 THRU DE E 60 MOD T UNITS/DAYS T PER ELIG .046 .009 .033 .003 .008 .008 .008 .000 .004 .003 .000 .001 .014	.00 EC 2003 NTHLY AVERA COST PER USER \$ 65.02 47.45 45.95 48.20 \$ 29.51 29.51 .00 \$ 31.14 24.56 .00 .00 45.60 \$ 287.75	.00 PAGE 6,730 01/29/04 GE COST PER ELIGIBLE \$ 1.02 .44 .49 .09 \$.13 .13 .00 \$.13 .07 .00 .00 .06 \$.92
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 3,762 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	1 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 59 35 40 7 17 17 0 16 11 0 0 5 12 2	CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 172 \$ 35 124 13 30 \$ 30 0 16 \$ 11 0 0 5	.00 MONTH-OF-PAYMENT RI 7 - DISABLED EXPENDITURES 3,836.23 1,660.75 1,838.07 337.41 501.60 501.60 .00 498.18 270.20 .00 .00 .00 .00 .00 .00 .00	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.30 47.45 14.82 25.95 \$ 16.72 16.72 .00 \$ 31.14 24.56 .00 .00 45.60	.000 2003 THRU DE E 60 MOI T UNITS/DAYS T PER ELIG .046 .009 .033 .003 .008 .008 .008 .000 .004 .003 .000 .001 .014 .003	.00 EC 2003 NTHLY AVERA COST PER USER \$ 65.02 47.45 45.95 48.20 \$ 29.51 29.51 .00 \$ 31.14 24.56 .00 .00 45.60 \$ 287.75 \$ 82.25	.00 PAGE 6,730 01/29/04 GE COST PER ELIGIBLE \$ 1.02 .44 .49 .09 \$.13 .13 .00 \$.13 .07 .00 .00 .06
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 3,762 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	1 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 59 35 40 7 17 17 0 16 11 0 0 5 12	1 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 172 \$ 35 124 13 30 \$ 30 0 16 \$ 11 0 0 5 53 \$ 13 \$.00 MONTH-OF-PAYMENT RI 7 - DISABLED EXPENDITURES 3,836.23 1,660.75 1,838.07 337.41 501.60 501.60 .00 498.18 270.20 .00 .00 227.98 3,453.05	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.30 47.45 14.82 25.95 \$ 16.72 16.72 .00 \$ 31.14 24.56 .00 .00 45.60 \$ 65.15	.000 2003 THRU DE E 60 MOD T UNITS/DAYS T PER ELIG .046 .009 .033 .003 .008 .008 .008 .000 .004 .003 .000 .001 .014 .003	.00 EC 2003 NTHLY AVERA COST PER USER \$ 65.02 47.45 45.95 48.20 \$ 29.51 29.51 .00 \$ 31.14 24.56 .00 .00 45.60 \$ 287.75	.00 PAGE 6,730 01/29/04 GE COST PER ELIGIBLE \$ 1.02 .44 .49 .09 \$.13 .13 .00 \$.13 .07 .00 .00 .06 \$.92
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 3,762 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	1 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 59 35 40 7 17 17 0 16 11 0 0 5 12 2 0	1 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 172 \$ 35 124 13 30 \$ 30 0 16 \$ 11 0 0 5 53 \$ 13 \$ 0 \$.00 MONTH-OF-PAYMENT REST - DISABLED EXPENDITURES 3,836.23 1,660.75 1,838.07 337.41 501.60 501.60 .00 498.18 270.20 .00 .00 227.98 3,453.05 164.50 .00	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.30 47.45 14.82 25.95 \$ 16.72 16.72 000 \$ 31.14 24.56 00 45.60 \$ 65.15 \$ 12.65 \$ 00	.000 2003 THRU DE E 60 MOI T UNITS/DAYS T PER ELIG .046 .009 .033 .003 .008 .008 .008 .000 .004 .003 .000 .001 .014 .003 .000	.00 EC 2003 NTHLY AVERA COST PER USER \$ 65.02 47.45 45.95 48.20 \$ 29.51 29.51 .00 \$ 31.14 24.56 .00 .00 45.60 \$ 287.75 \$ 82.25	.00 PAGE 6,730 01/29/04 GE COST PER ELIGIBLE \$ 1.02 .44 .49 .09 \$.13 .13 .00 \$.13 .00 \$.13 .00 \$.13 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 3,762 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	1 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS 59 35 40 7 17 17 17 0 16 11 0 0 5 12 2 0 0	1 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 172 \$ 35 124 13 30 \$ 30 0 16 \$ 11 0 0 5 53 \$ 13 \$ 13 \$ 0 \$ 0 \$.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 3,836.23 1,660.75 1,838.07 337.41 501.60 501.60 .00 498.18 270.20 .00 .00 .227.98 3,453.05 164.50 .00 .00	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.30 47.45 14.82 25.95 \$ 16.72 16.72 00 \$ 31.14 24.56 00 00 45.60 \$ 65.15 \$ 12.65 \$ 00 \$ 00	.000 2003 THRU D	.00 EC 2003 NTHLY AVERA COST PER USER \$ 65.02 47.45 45.95 48.20 \$ 29.51 29.51 .00 \$ 31.14 24.56 .00 .00 \$ 287.75 \$ 82.25 \$.00 .00	.00 PAGE 6,730 01/29/04 GE COST PER ELIGIBLE \$ 1.02 .44 .49 .09 \$.13 .13 .00 \$.13 .00 \$.13 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 \$.92 \$.04 \$.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 3,762 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	1 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS 59 35 40 7 17 17 17 0 16 11 0 0 5 12 2 0 0 1	1 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 172 \$ 35 124 13 30 \$ 30 0 16 \$ 11 0 0 5 53 \$ 13 \$ 13 \$ 0 0 \$ 1 \$.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 3,836.23 1,660.75 1,838.07 337.41 501.60 501.60 .00 498.18 270.20 .00 .00 .227.98 3,453.05 164.50 .00 .00 .00 .00 .00 .00 .00	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.30 47.45 14.82 25.95 \$ 16.72 16.72 00 \$ 31.14 24.56 00 00 45.60 \$ 65.15 \$ 12.65 \$ 00 \$ 00 \$ 37.50	.000 2003 THRU D E 60 MO T UNITS/DAYS T PER ELIG .046 .009 .033 .003 .008 .008 .008 .000 .001 .014 .003 .000 .000 .000 .000 .000 .000 .00	.00 EC 2003 NTHLY AVERA COST PER USER \$ 65.02 47.45 45.95 48.20 \$ 29.51 29.51 000 \$ 31.14 24.56 000 45.60 \$ 287.75 \$ 82.25 \$.00 \$.00 \$ 37.50	.00 PAGE 6,730 01/29/04 GE COST PER ELIGIBLE \$ 1.02 .44 .49 .09 \$.13 .13 .00 \$.13 .00 \$.13 .07 .00 .00 .06 \$.92 \$.04 \$.00 \$.00 \$.01
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 3,762 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	1 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS 59 35 40 7 17 17 17 0 16 11 0 0 5 12 2 0 0	1 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 172 \$ 35 124 13 30 \$ 30 0 16 \$ 11 0 0 5 53 \$ 13 \$ 13 \$ 0 \$ 0 \$.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 3,836.23 1,660.75 1,838.07 337.41 501.60 501.60 .00 498.18 270.20 .00 .00 .227.98 3,453.05 164.50 .00 .00	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.30 47.45 14.82 25.95 \$ 16.72 16.72 00 \$ 31.14 24.56 00 00 45.60 \$ 65.15 \$ 12.65 \$ 00 \$ 00 \$ 37.50 \$ 124.74	.000 2003 THRU D E 60 MO T UNITS/DAYS T PER ELIG .046 .009 .033 .003 .008 .008 .008 .000 .001 .014 .003 .000 .000 .000 .000 .000 .000 .00	.00 EC 2003 NTHLY AVERA COST PER USER \$ 65.02 47.45 45.95 48.20 \$ 29.51 29.51 .00 \$ 31.14 24.56 .00 .00 45.60 \$ 287.75 82.25 \$.00 \$ 37.50 \$ 761.51	.00 PAGE 6,730 01/29/04 GE COST PER ELIGIBLE \$ 1.02 .44 .49 .09 \$.13 .13 .00 \$.13 .00 \$.13 .07 .00 .00 .06 \$.92 \$.04 \$.00 \$.00 \$.01 \$.00 \$.01 \$.133.40
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 3,762 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	1 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS 59 35 40 7 17 17 17 0 16 11 0 0 5 12 2 0 0 1	1 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 172 \$ 35 124 13 30 \$ 30 0 16 \$ 11 0 0 5 53 \$ 13 \$ 13 \$ 0 0 \$ 1 \$.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 3,836.23 1,660.75 1,838.07 337.41 501.60 501.60 .00 498.18 270.20 .00 .00 .227.98 3,453.05 164.50 .00 .00 .00 .00 .00 .00 .00	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.30 47.45 14.82 25.95 \$ 16.72 16.72 00 \$ 31.14 24.56 00 00 45.60 \$ 65.15 \$ 12.65 \$ 00 \$ 00 \$ 37.50	.000 2003 THRU D E 60 MO T UNITS/DAYS T PER ELIG .046 .009 .033 .003 .008 .008 .008 .000 .001 .014 .003 .000 .000 .000 .000 .000 .000 .00	.00 EC 2003 NTHLY AVERA COST PER USER \$ 65.02 47.45 45.95 48.20 \$ 29.51 29.51 000 \$ 31.14 24.56 000 45.60 \$ 287.75 \$ 82.25 \$.00 \$.00 \$ 37.50	.00 PAGE 6,730 01/29/04 GE COST PER ELIGIBLE \$ 1.02 .44 .49 .09 \$.13 .13 .00 \$.13 .00 \$.13 .07 .00 .00 .06 \$.92 \$.04 \$.00 \$.00 \$.01
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 3,762 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	1 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SER USERS 59 35 40 7 17 17 0 16 11 0 0 5 12 2 0 0 1 659 64	1 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 172 \$ 35 124 13 30 \$ 30 0 16 \$ 11 0 0 5 53 \$ 13 \$ 0 \$ 4,023 \$ 372	.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 3,836.23 1,660.75 1,838.07 337.41 501.60 501.60 .00 498.18 270.20 .00 .00 227.98 3,453.05 164.50 .00 .00 37.50 501,832.25 402,358.54	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.30 47.45 14.82 25.95 \$ 16.72 16.72 16.72 00 \$ 31.14 24.56 00 00 45.60 \$ 65.15 \$ 12.65 \$ 00 \$ 37.50 \$ 37.50 \$ 124.74 1081.61	.000 2003 THRU DE E 60 MOS T UNITS/DAYS T PER ELIG .046 .009 .033 .008 .008 .000 .000 .001 .014 .003 .000 .001 .014 .003 .000 .000 .000 .000 .000 .000 .00	.00 EC 2003 NTHLY AVERA COST PER USER \$ 65.02 47.45 45.95 48.20 \$ 29.51 29.51 .00 \$ 31.14 24.56 .00 .00 45.60 \$ 287.75 82.25 .00 \$ 000 \$ 37.50 \$ 761.51 6286.85	.00 PAGE 6,730 01/29/04 GE COST PER ELIGIBLE \$ 1.02 .44 .49 .09 \$.13 .13 .00 \$.13 .00 \$.13 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 3,762 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	1 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 59 35 40 7 17 17 0 16 11 0 0 5 12 2 0 0 1 659 64 34	1 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 172 \$ 35 124 13 30 \$ 30 0 16 \$ 11 0 0 5 53 \$ 13 \$ 0 \$ 4,023 \$ 372 243	.00 MONTH-OF-PAYMENT RI T- DISABLED EXPENDITURES 3,836.23 1,660.75 1,838.07 337.41 501.60 501.60 501.60 .00 498.18 270.20 .00 .00 227.98 3,453.05 164.50 .00 37.50 501,832.25 402,358.54 272,063.00	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.30 47.45 14.82 25.95 \$ 16.72 16.72 .00 \$ 31.14 24.56 .00 .00 45.60 \$ 65.15 \$ 12.65 \$.00 \$.00 \$ 37.50 \$ 124.74 1081.61 1119.60	.000 2003 THRU DE E 60 T UNITS/DAYS T PER ELIG .046 .009 .033 .008 .008 .008 .000 .004 .003 .000 .001 .014 .003 .000 .001 .014 .003 .000 .000 .000 .000 .000 .000 .00	.00 EC 2003 NTHLY AVERA COST PER USER \$ 65.02 47.45 45.95 48.20 \$ 29.51 29.51 .00 \$ 31.14 24.56 .00 .00 45.60 \$ 287.75 \$ 82.25 \$.00 \$ 37.50 \$ 761.51 6286.85 8001.85	.00 PAGE 6,730 01/29/04 GE COST PER ELIGIBLE \$ 1.02 .44 .49 .09 \$.13 .13 .00 \$.13 .07 .00 .00 .06 \$.92 \$.04 \$.00 \$
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 3,762 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL	1 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS 59 35 40 7 17 17 0 16 11 0 0 5 12 2 0 0 1 659 64 34 22	1 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 172 \$ 35 124 13 30 \$ 30 0 16 \$ 11 0 0 5 53 \$ 13 \$ 0 \$ 4,023 \$ 372 243 69	.00 MONTH-OF-PAYMENT RI T- DISABLED EXPENDITURES 3,836.23 1,660.75 1,838.07 337.41 501.60 501.60 .00 498.18 270.20 .00 .00 227.98 3,453.05 164.50 .00 .00 37.50 501,832.25 402,358.54 272,063.00 107,303.38	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.30 47.45 14.82 25.95 \$ 16.72 16.72 .00 \$ 31.14 24.56 .00 .00 45.60 \$ 65.15 \$ 12.65 \$.00 \$.00 \$ 37.50 \$ 124.74 1081.61 1119.60 1555.12	.000 2003 THRU DE E 60 MON T UNITS/DAYS T PER ELIG .046 .009 .033 .008 .008 .008 .000 .004 .003 .000 .001 .014 .003 .000 .001 .014 .003 .000 .000 .000 .000 .000 .000 .00	.00 EC 2003 NTHLY AVERA COST PER USER \$ 65.02 47.45 45.95 48.20 \$ 29.51 29.51 .00 \$ 31.14 24.56 .00 .00 45.60 \$ 287.75 \$ 82.25 \$.00 \$.00 \$ 761.51 6286.85 8001.85 4877.43	.00 PAGE 6,730 01/29/04 GE COST PER ELIGIBLE \$ 1.02 .44 .49 .09 \$.13 .13 .00 \$.13 .07 .00 .00 .06 \$.92 \$.04 \$.00 \$.00 \$.01 \$ 133.40 106.95 72.32 28.52
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 3,762 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	1 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SER USERS 59 35 40 7 17 17 0 16 11 0 0 5 12 2 0 0 1 659 64 34	1 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 172 \$ 35 124 13 30 \$ 30 0 16 \$ 11 0 0 5 53 \$ 13 \$ 0 \$ 4,023 \$ 372 243	.00 MONTH-OF-PAYMENT RI T- DISABLED EXPENDITURES 3,836.23 1,660.75 1,838.07 337.41 501.60 501.60 501.60 .00 498.18 270.20 .00 .00 227.98 3,453.05 164.50 .00 37.50 501,832.25 402,358.54 272,063.00	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.30 47.45 14.82 25.95 \$ 16.72 16.72 .00 \$ 31.14 24.56 .00 .00 45.60 \$ 65.15 \$ 12.65 \$.00 \$.00 \$ 37.50 \$ 124.74 1081.61 1119.60	.000 2003 THRU DE E 60 T UNITS/DAYS T PER ELIG .046 .009 .033 .008 .008 .008 .000 .004 .003 .000 .001 .014 .003 .000 .001 .014 .003 .000 .000 .000 .000 .000 .000 .00	.00 EC 2003 NTHLY AVERA COST PER USER \$ 65.02 47.45 45.95 48.20 \$ 29.51 29.51 .00 \$ 31.14 24.56 .00 .00 45.60 \$ 287.75 \$ 82.25 \$.00 \$ 37.50 \$ 761.51 6286.85 8001.85	.00 PAGE 6,730 01/29/04 GE COST PER ELIGIBLE \$ 1.02 .44 .49 .09 \$.13 .13 .00 \$.13 .07 .00 .00 .06 \$.92 \$.04 \$.00 \$

ADMINISTRATIVE DAYS	1	2	462.60	231.30	.001	462.60		.12
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	21	67	31,132.46	464.66	.018	1482.50	8.	.28
ANCILLARIES	22	0	75,708.32	.00	.000	3441.29	20	.12
INPATIENT CROSSOVERS	8	60	22,992.16	383.20	.016	2874.02	6	.11
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	625	3,651	99,473.71	27.25	.970	159.16	26	.44
MEDICAL	291	486	23,679.23	48.72	.129	81.37	6	.29
SURGERY	56	56	5,079.82	90.71	.015	90.71	1.	.35
PATHOLOGY	228	1,287	14,519.52	11.28	.342	63.68	3 .	.86
RADIOLOGY	209	313	22,803.51	72.85	.083	109.11	6	.06
ROOM USE	323	452	19,020.10	42.08	.120	58.89	5	.06
CROSSOVERS/ALL OTH OUTPINT	310	1,057	14,371.53	13.60	.281	46.36	3 .	.82
@COUNTY HOSPITAL TOTAL	56	363	\$ 30,528.55	\$ 84.10	.096	\$ 545.15	\$ 8.	.11
CO HOSPITAL INPATIENT TOTAL	4	24	21,960.00	915.00	.006	5490.00	5.	.84
HSC HOSPITALS	4	24	21,960.00	915.00	.006	5490.00	5	.84

NON-HSC HOSPITALS TOTAL	0	0		.00		00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		00	.000		.00		.00
TRANSITIONAL IP CARE	Ö	0		.00		00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		00	.000		.00		.00
ANCILLARIES	0	0		.00		00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	52	339		8,568.55	25.		.090		164.78		2.28
MEDICAL	16	22		600.24	27.	28	.006		37.52		.16
SURGERY	8	8		499.80	62.		.002		62.48		.13
PATHOLOGY	27	139		1,504.38	10.		.037		55.72		.40
RADIOLOGY	19	32		3,037.03	94.		.009		159.84		.81
ROOM USE	25	35		1,759.85	50.		.009		70.39		.47
CROSSOVERS/ALL OTH OUTPINT		103		1,167.25	11.		.027		46.69	_	.31
		ES AND EXPENDITURE	S M	ONTH-OF-PAYMENT RI	EPORT FOR	JAN	2003 THRU 1	DEC	2003	P.	AGE 6,731
MOP024	FEE-FOR-SERVICE										01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR CASH GRA	NT	- DISABLED	AID	CODE		03.TE		a =	
2 762 BLIGTBIRG	HORDO	IBITES OF SERVICE			317ED 3 CE	GO GE	M(
3,762 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY:				COST PER
@COMMINITY HOCDITAL TOTAL	620	OR DAYS OF CARE	\$	471,303.70	\$ 128.		PER ELIG .973		USER 760.17		ELIGIBLE 125.28
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	620	3,660 348	Ş	380,398.54	۶ 126. 1093.		.093	Ą	6339.98	Ą	101.12
HSC HOSPITALS	30	219		250,103.00	1142.		.058		8336.77		66.48
NON-HSC HOSPITALS TOTAL	22	69		107,303.38	1555.		.018		4877.43		28.52
ACCOMMODATIONS	22	69		31,595.06	457.		.018		1436.14		8.40
ADMINISTRATIVE DAYS	1	2		462.60	231.		.001		462.60		.12
TRANSITIONAL IP CARE	0	0		.00		00	.000		.00		.00
ALL OTHER ACCOM	21	67		31,132.46	464.		.018		1482.50		8.28
ANCILLARIES	22	0		75,708.32		00	.000		3441.29		20.12
INPATIENT CROSSOVERS	620 60 30 22 22 1 0 21 22 8	60		22,992.16	383.	20	.016		2874.02		6.11
ALL OTHER INPATIENT	O .	0		.00		00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	586	3,312		90,905.16	27.	45	.880		155.13		24.16
MEDICAL	278	464		23,078.99	49.		.123		83.02		6.13
SURGERY	48	48		4,580.02	95.		.013		95.42		1.22
PATHOLOGY	203	1,148		13,015.14	11.		.305		64.11		3.46
RADIOLOGY	191	281		19,766.48	70.		.075		103.49		5.25
ROOM USE	303	417		17,260.25	41.		.111		56.96		4.59
CROSSOVERS/ALL OTH OUTPTNT		954		13,204.28	13.		.254		45.85		3.51
@STATE HOSPITAL	0	0	\$.00		00	.000	\$.00	Ş	.00
MENTALLY ILL DEVELOP. DISABLED	0	0		.00		00	.000		.00		.00
@NURSING FACILITY	32	896	ċ.	110,624.00	\$ 123.		.238	بع	3457.00	ė.	29.41
LEV A-INTERMEDIATE	0	0	Ą	.00	•	00	.000	Ą	.00	Ą	.00
LEV B-REHAB MD		226		27,330.18	120.		.060		3416.27		7.26
LEV B-SUBACUTE FREESTANDING	8 0	0		.00		00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		00	.000		.00		.00
LEV B-REGULAR	24	670		83,293.82	124.	32	.178		3470.58		22.14
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.	00	.000	\$.00	\$.00
ICF DDH	0	0		.00		00	.000		.00		.00
ICF DD	0	0		.00		00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		00	.000		.00		.00
@HEMODIALYSIS TOTAL	41		\$	52,996.83	\$ 39.		.356	\$	1292.61	\$	14.09
HOSPITAL BASED	0	0		.00		00	.000		.00		.00
HEMODIALYSIS CENTER	41	1,341		52,996.83	39.		.356	٠.	1292.61		14.09
@REHABILITATION FACILITY	6		\$	701.89	\$ 24.		.008	\$	116.98	\$.19
HOSPITAL BASED	6	29		701.89	24.		.008		116.98		.19
INDEPENDENT FACILITY @LABORATORY FACILITY	0 223	0 864	\$.00 11,098.26	\$ 12.	00 85	.230	\$.00 49.77	Ġ	.00 2.95
STUDOWIONI LUCIDIII	223	FUU	Υ	11,090.20	ų 12.	00	. 230	ų	3).//	ų	4.99

PATHOLOGY	214	845	10,882.42	12.88	.225	50.85	2.89
XO AND OTHERS	9	19	215.84	11.36	.005	23.98	.06
@ORGANIZED OUTPATIENT CLINIC	1,400	2,570 \$	225,195.66	\$ 87.62	.683 \$		
CLINIC	15	44	1,020.64	23.20	.012	68.04	.27
SURGICENTER	11	29	1,539.67	53.09	.008	139.97	.41
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,385	2,497	222,635.35	89.16	.664	160.75	59.18
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT RI	EPORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 6,732
MOP024	FEE-FOR-SERVICE	C/DENTAL					01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR CASH GRANT	- DISABLED	AID CODE	60		
					MON	THLY AVERA	GE
3,762 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	617	65,751 \$	162,155.86	\$ 2.47	17.478 \$		
DURABLE MED. EQUIP.	87	280	45,201.91	161.44	.074	519.56	12.02
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	15	2,543.31	169.55	.004	363.33	.68
MEDICAL TRANSPORTATION	117	2,558	37,694.44	14.74	.680	322.17	10.02
AMBULANCES/AIR TRANS	106	2,232	25,891.13	11.60	.593	244.26	6.88
OTHER TRANS	7	113	326.34	2.89	.030	46.62	.09
OTHER SERVICES	11	213	11,476.97	53.88	.057	1043.36	3.05
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	20	391	26,952.71	68.93	.104	1347.64	7.16
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	16	50	4,576.22	91.52	.013	286.01	1.22
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	76	194	2,402.25	12.38	.052	31.61	.64
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	3	12	185.01	15.42	.003	61.67	.05
PROSTHETIST/ORTHOTISTS	14	30	2,687.74	89.59	.008	191.98	.71
PROSTHETICS	6	20	2,200.09	110.00	.005	366.68	.58
ORTHOTICS	8	10	487.65	48.77	.003	60.96	.13
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	99.19	49.60	.001	99.19	.03
HOSPICE SERVICES	0	U	13.32	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	81	4,254	14,359.92	3.38	1.131	177.28	3.82

0

239

59

397

EPSDT SUPPLEMENTAL SERVICE

PED SUBACUTE REHAB/WEANING

@XOVER EXCLUDING STATE HOSP**

RESPIRATORY CARE PRACT.

@CALIF. CHILDREN SERVICES*

ALL OTHER PROVIDERS

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,733 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MARIPOSA COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

.00

.00

.00

\$

25,439.84

41,004.84

72,650.20

.00

.00

.00

.44

17.56

16.00

.000

.000

.000

.621 \$

1.207 \$

15.408

.00

106.44

.00

.00

695.00 \$

183.00 \$

.00

.00

.00

6.76

10.90

19.31

0

0

57,965

2,335

4,541

0

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 5,901 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 3,020 15,873 814,300.57 \$ 51.30 2.690 \$ 269.64 \$ 137.99 .277 \$ @PHYSICIANS SERVICES 599 1,634 71,906.73 44.01 120.04 \$ 12.19 OUTPATIENT VISITS 251 359 17,021.23 47.41 .061 67.81 2.88 112 136 38.43 5,226.52 .023 46.67 OFFICE VISITS .89 HOME VISITS 0 0 .00 .00 .000 .00 .00 117 6,294.56 53.80 78.68 EMERGENCY ROOM 80 .020 1.07 2 2 131.56 65.78 .000 65.78 .02 PREVENTIVE CARE OB VISITS/COMPRE PERI 35 67 4,317.68 64.44 .011 123.36 .73

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	34	37	1,050.91	28.40	.006	30.91	.18
INPATIENT VISITS	34	83	8,325.88		.014	244.88	1.41
	30	45	2,293.79		.008	76.46	.39
HOSPITAL VISITS		38					
CRITICAL CARE	5		6,032.09		.006	1206.42	1.02
SNF/ICF/TRANS IP CARE	0	0	.00		.000	.00	.00
OPHTHALMOLOGICAL SERVICES	9	9	460.84		.002	51.20	.08
EXAMINATIONS	9	9	460.84		.002	51.20	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	25	205	12,628.91	61.60	.035	505.16	2.14
PRINCIPAL SURGEON	15	18	8,909.02	494.95	.003	593.93	1.51
ASSISTANT SURGEON	1	1	167.72	167.72	.000	167.72	.03
ANESTHESIOLOGIST	11	186	3,552.17		.032	322.92	.60
OUTPATIENT SURGERY	75	192	14,436.18		.033	192.48	2.45
PRINCIPAL SURGEON	63	79	11,326.09		.013	179.78	1.92
	1	1	186.50		.000	186.50	.03
ASSISTANT SURGEON	26	112					
ANESTHESIOLOGIST			2,923.59		.019	112.45	.50
DIALYSIS	0	0	.00		.000	.00	.00
PATHOLOGY	60	221	1,491.73		.037	24.86	.25
RADIOLOGY	288	423	13,745.13		.072	47.73	2.33
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	10	15	239.32		.003	23.93	.04
OTHER SERVICES/ALL X-OVERS	69	127	3,557.51		.022	51.56	.60
@PHARMACY	69 1,444	3,474 \$	194,967.01	\$ 56.12	.589 \$	135.02	\$ 33.04
PRESCRIPTION DRUGS	1,441	3,457	194,133.20	56.16	.586	134.72	32.90
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1,441	3,457	194,133.20	56.16	.586	134.72	32.90
MEDICAL SUPPLIES	. 12	17	833.81		.003	69.48	.14
@DENTIST	12 258 183	1,606 \$.272 \$		\$ 8.75
VISITS - DIAGNOSTIC	183	1,042	14,213.90		.177	77.67	2.41
ORAL SURGERY	38	79	4,741.00		.013	124.76	.80
DRUGS	1	3	45.00		.001	45.00	.01
ANESTHESIA	5	5	500.00		.001	100.00	.08
PERIODONTICS	4	4	283.00		.001	70.75	.05
ENDODONTICS	28	58	8,030.00		.010	286.79	1.36
	101	366				200.68	3.43
RESTORATIVE DENTISTRY	0	0	20,269.00		.062		
PROSTHETICS	0		.00		.000	.00	.00
DENTURES, STAYPLATES	4	17	694.00		.003	173.50	.12
SPACE MAINTAINERS	5 10	7	795.00		.001	159.00	.13
MAXILLOFACIAL SERVICES	10	11	1,316.94		.002	131.69	. 22
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	6	8	645.00		.001	107.50	.11
ALL OTHER SERVICES	11	6	75.00		.001	6.82	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2003 THRU DE	C 2003	PAGE 6,734
MOP024	FEE-FOR-SERVICE						01/29/04
MARIPOSA COUNTY			3 35 40 42 3A-3M 3P	3R 3U 3W 4C-4G			
						THLY AVERA	GE
5,901 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
0,701 221222	00210	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	59	132 \$	3,600.47		.022 \$		
DIAGNOSTIC AND ANC. PROCED	43	43	2,040.35		.007	47.45	.35
DIAGNOSTIC AND ANC. FROCED	43	43	2,010.33	10.10	.007	47.43	

							OTA 1	IIIDI AARKA	410	
5,901 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	59	132	\$ 3,600.47	\$	27.28	.022	\$	61.02	\$.61
DIAGNOSTIC AND ANC. PROCED	43	43	2,040.35		47.45	.007		47.45		.35
EYE APPLIANCES	28	78	967.38		12.40	.013		34.55		.16
OTHER OPTOMETRIC SERVICES	11	11	592.74		53.89	.002		53.89		.10
@CHIROPRACTOR	5	7	\$ 117.04	\$	16.72	.001	\$	23.41	\$.02
VISITS	5	7	117.04		16.72	.001		23.41		.02
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00

@HOME HEALTH AGENCY	3	3	\$	119.26	\$	39.75	.001	\$	39.75	\$.02
NURSE ANESTHESIST	0	0	\$.00		.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	Ė	.00		.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Š	.00		.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	ĭ	1	Š	57.20		57.20	.000	\$	57.20	\$.01
@TOTAL HOSPITAL	664	3,036	Ģ.	218,624.79		72.01	.514	\$	329.25		37.05
	31		Ą			1501.11		Ą		Ą	22.64
HOSP INPATIENT TOTAL		89		133,598.80			.015		4309.64		
HSC HOSPITALS	25	76		114,730.11		1509.61	.013		4589.20		19.44
NON-HSC HOSPITAL TOTAL	6	13		18,868.69		1451.44	.002		3144.78		3.20
ACCOMMODATIONS	6	13		8,004.53		615.73	.002		1334.09		1.36
ADMINISTRATIVE DAYS	1	1		231.30		231.30	.000		231.30		.04
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	12		7,773.23		647.77	.002		1554.65		1.32
ANCILLARIES	6	0		10,864.16		.00	.000		1810.69		1.84
INPATIENT CROSSOVERS	Ō	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	642	2,947		85,025.99		28.85	.499		132.44		14.41
	428	595		26,370.49		44.32	.101		61.61		4.47
MEDICAL	64					54.30					.70
SURGERY		76		4,126.77			.013		64.48		
PATHOLOGY	180	711		7,408.38		10.42	.120		41.16		1.26
RADIOLOGY	166	229		11,370.77		49.65	.039		68.50		1.93
ROOM USE	485	677		27,416.46		40.50	.115		56.53		4.65
CROSSOVERS/ALL OTH OUTPTNT	273	659		8,333.12		12.65	.112		30.52		1.41
@COUNTY HOSPITAL TOTAL	35	186	\$	10,297.27		55.36	.032	\$	294.21	\$	1.75
CO HOSPITAL INPATIENT TOTAL	2	7		6,405.00		915.00	.001		3202.50		1.09
HSC HOSPITALS	2	7		6,405.00		915.00	.001		3202.50		1.09
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00			.00		
ALL OTHER ACCOM	0	0					.000				.00
ANCILLARIES	U	U		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	35	179		3,892.27		21.74	.030		111.21		.66
MEDICAL	9	10		308.53		30.85	.002		34.28		.05
SURGERY	5	6		229.32		38.22	.001		45.86		.04
PATHOLOGY	12	47		459.06		9.77	.008		38.26		.08
RADIOLOGY	6	11		191.65		17.42	.002		31.94		.03
ROOM USE	25	38		1,820.18		47.90	.006		72.81		.31
CROSSOVERS/ALL OTH OUTPTNT		67		883.53		13.19	.011		49.09		.15
			ES N	MONTH-OF-PAYMENT				DEC		P	AGE 6,735
MOP024	FEE-FOR-SERVICE/				ICEL OI	i i on oin	2005 111110		2 2003	-	01/29/04
MARIPOSA COUNTY			22 .	35 40 42 3A-3M 3P	20 2	TT 2W 4C 4C					01/29/04
MARIPOSA COUNTI	SUMMARI OF SERVI	CES FOR CGF 30-	33 .	35 40 42 3A-3M 3P	SK S	0 3W 4C-4G	1./	חדת	THLY AVERA	CE.	
F 001 BLIGTDING	Hanna	INITES OF SERVICE			7. 7. 7	TDAGE GOGE		-		-	
5,901 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	642	2,850	\$	208,327.52		73.10	.483	Ş	324.50	Ş	35.30
COMM HOSP INPATIENT TOTAL	29	82		127,193.80		1551.14	.014		4385.99		21.55
HSC HOSPITALS	23	69		108,325.11		1569.93	.012		4709.79		18.36
NON-HSC HOSPITALS TOTAL	6	13		18,868.69		1451.44	.002		3144.78		3.20
ACCOMMODATIONS	6	13		8,004.53		615.73	.002		1334.09		1.36
ADMINISTRATIVE DAYS	1	1		231.30		231.30	.000		231.30		.04
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	12		7,773.23		647.77	.002		1554.65		1.32
ANCILLARIES	6	0		10,864.16		.00	.002		1810.69		1.84
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATTENT	()	()		()()		0.0	000		0.0		(11)

0

2,768

585

0

620

424

COMM HOSP OUTPATIENT TOTAL

ALL OTHER INPATIENT

MEDICAL

.00

61.47

.00

44.55

.00 81,133.72 26,061.96

.000

.469

.099

.00

SURGERY	59	70	3,897.45	55.68	.012	66.06	.66
PATHOLOGY	170	664	6,949.32	10.47	.113	40.88	1.18
RADIOLOGY	160	218	11,179.12	51.28	.037	69.87	1.89
ROOM USE	473	639	25,596.28	40.06	.108	54.11	4.34
CROSSOVERS/ALL OTH OUTPTNT	262	592	7,449.59	12.58	.100	28.43	1.26
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	1	\$	50.76	\$	50.76	.000	\$	50.76	\$.01
HOSPITAL BASED	1	1		50.76		50.76	.000		50.76		.01
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	167	422	\$	7,191.41	\$	17.04	.072	\$	43.06	\$	1.22
PATHOLOGY	167	422		7,191.41		17.04	.072		43.06		1.22
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,345	2,144	\$	234,379.52	\$	109.32	.363	\$	174.26	\$	39.72
CLINIC	16	56		1,490.56		26.62	.009		93.16		. 25
SURGICENTER	27	140		6,095.69		43.54	.024		225.77		1.03
HEROIN DETOX CLINIC	1	5		73.00		14.60	.001		73.00		.01
RURAL HEALTH CLINIC	1,313	1,943		226,720.27		116.69	.329		172.67		38.42
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	URES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC	2003	Ρź	AGE 6,736
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FO	OR CGF 3	30-33	35 40 42 3A-3M 3P	3R 3U	3W 4C-4C	3				

MARIFOSA COUNTI	SOMMAKI OF SEK	ATCES FOR CGE S	0-33	22 40 4	Z JA-JM JF	2K 20 2M 4C-4G				
							M	ONTHLY AVERA	AGE	
5,901 ELIGIBLES	USERS	UNITS OF SERVI	CE	EX	PENDITURES	AVERAGE COST	UNITS/DAY	S COST PER		COST PER
		OR DAYS OF CA	RE			PER UNIT/DAY	PER ELIG			ELIGIBLE
@ALL OTHER PROVIDERS	416	3,413	\$		31,678.54	\$ 9.28	.578	\$ 76.15	\$	5.37
DURABLE MED. EQUIP.	8	13			2,687.56	206.74	.002	335.95		.46
BLOOD BANK	0	0			.00	.00	.000	.00		.00
HEARING AID DISPENSERS	1	2			50.00	25.00	.000	50.00		.01
MEDICAL TRANSPORTATION	55	1,254			16,736.49	13.35	.213	304.30		2.84
AMBULANCES/AIR TRANS	55	1,252			13,136.49	10.49	.212	238.85		2.23
OTHER TRANS	0	0			.00	.00	.000	.00		.00
OTHER SERVICES	2	2			3,600.00	1800.00	.000	1800.00		.61
ACUPUNCTURE	0	0			.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	3	3			251.00	83.67	.001	83.67		.04
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0			.00	.00	.000	.00		.00
OPTICIAN	60	142			1,502.84	10.58	.024	25.05		.25
PHYSICAL THERAPIST	0	0			.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0			.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	5	7			515.49	73.64	.001	103.10		.09
PROSTHETICS	2	3			246.48	82.16	.001	123.24		.04
ORTHOTICS	3	4			269.01	67.25	.001	89.67		.05
PSYCHOLOGIST	0	0			.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	4	10			401.62	40.16	.002	100.41		.07
HOSPICE SERVICES	0	0			.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0			.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	282	1,312			9,198.46	7.01	.222	32.62		1.56
EPSDT SUPPLEMENTAL SERVICE	0	0			.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0			.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	3	670			335.08	.50	.114	111.69		.06
@CALIF. CHILDREN SERVICES*	17	107	\$		55,339.37	\$ 517.19	.018	\$ 3255.26	\$	9.38
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	PATE THEORMATION	TTEM	ONLY;						

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

MARIPOSA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,737 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

10,641 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST UPER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	6,897	155,058 \$	3,347,625.49	\$ 21.59	14.572 \$		\$ 314.60
@PHYSICIANS SERVICES	1,475	5,200 \$	197,931.67	\$ 38.06	.489 \$	134.19	\$ 18.60
OUTPATIENT VISITS	466	640	29,945.42	46.79	.060	64.26	2.81
OFFICE VISITS	244	313	12,256.84	39.16	.029	50.23	1.15
	244	1		68.62			.01
HOME VISITS	138		68.62		.000	68.62 77.15	
EMERGENCY ROOM		182	10,646.22	58.50	.017		1.00
PREVENTIVE CARE	2	2	131.56	65.78	.000	65.78	.01
OB VISITS/COMPRE PERI	35	67	4,317.68	64.44	.006	123.36	. 41
OTHER OUTPATIENT	68	75	2,524.50	33.66	.007	37.13	. 24
INPATIENT VISITS	109	355	20,665.70	58.21	.033	189.59	1.94
HOSPITAL VISITS	95	299	13,822.21	46.23	.028	145.50	1.30
CRITICAL CARE	7	41	6,396.89	156.02	.004	913.84	.60
SNF/ICF/TRANS IP CARE	10	15	446.60	29.77	.001	44.66	.04
OPHTHALMOLOGICAL SERVICES	29	30	1,393.01	46.43	.003	48.03	.13
EXAMINATIONS	29	30	1,393.01	46.43	.003	48.03	.13
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	62	563	34,163.28	60.68	.053	551.02	3.21
PRINCIPAL SURGEON	37	60	26,357.34	439.29	.006	712.36	2.48
ASSISTANT SURGEON	4	4	537.04	134.26	.000	134.26	.05
ANESTHESIOLOGIST	28	499	7,268.90	14.57	.047	259.60	.68
OUTPATIENT SURGERY	138	353	29,539.46	83.68	.033	214.05	2.78
PRINCIPAL SURGEON	121	164	24,508.82	149.44	.015	202.55	2.30
ASSISTANT SURGEON	4	4	604.60	151.15	.000	151.15	.06
ANESTHESIOLOGIST	37	185	4,426.04	23.92	.017	119.62	.42
DIALYSIS	12	27	3,366.75	124.69	.003	280.56	.32
PATHOLOGY	154	579	4,454.87	7.69	.054	28.93	.42
RADIOLOGY	605	1,079	44,890.86	41.60	.101	74.20	4.22
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	27	231	7,056.76	30.55	.022	261.36	.66
OTHER SERVICES/ALL X-OVERS	451	1,343	22,455.56	16.72	.126	49.79	2.11
@PHARMACY	4,677	50,975 \$	1,363,836.41	\$ 26.76	4.790 \$	291.60	\$ 128.17
PRESCRIPTION DRUGS	4,655	17,217	1,330,813.35	77.30	1.618	285.89	125.06
SNF/ICF	56	416	28,493.61	68.49	.039	508.81	2.68
OUTPATIENTS	4,606	16,801	1,302,319.74	77.51	1.579	282.74	122.39
MEDICAL SUPPLIES	251	33,758	33,023.06	.98	3.172	131.57	3.10
@DENTIST	469	2,632 \$	97,432.24	\$ 37.02	.247 \$	207.74	\$ 9.16
VISITS - DIAGNOSTIC	319	1,631	21,845.90	13.39	.153	68.48	2.05
ORAL SURGERY	74	220	11,689.00	53.13	.021	157.96	1.10
DRUGS	3	12	180.00	15.00	.001	60.00	.02
ANESTHESIA	8	9	900.00	100.00	.001	112.50	.08
PERIODONTICS	15	21	2,339.00	111.38	.002	155.93	.22
ENDODONTICS	41	83	14,701.00	177.12	.008	358.56	1.38
RESTORATIVE DENTISTRY	164	567	36,351.00	64.11	.053	221.65	3.42
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	17	40	5,198.16	129.95	.004	305.77	.49
SPACE MAINTAINERS	7	9	1,035.00	115.00	.001	147.86	.10
MAXILLOFACIAL SERVICES	13	14	1,653.18	118.08	.001	127.17	.16
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	15	18	1,435.00	79.72	.002	95.67	.13
ALL OTHER SERVICES	12	7	75.00	10.71	.001	6.25	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 20	003 THRU DEC	2003	PAGE 6,738
MOP024	FEE-FOR-SERVICE	E/DENTAL					01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR CASH GRANT -	TOTAL				
				-	MONT	THLY AVERA	GE
10,641 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST (COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	139	362 \$	8,727.54	\$ 24.11	.034 \$	62.79	\$.82
DIAGNOSTIC AND ANC. PROCED	89	89	4,187.60	47.05	.008	47.05	.39

EYE APPLIANCES	82	239	3,383.16	14.16	.022	41.26	.32
OTHER OPTOMETRIC SERVICES	23	34	1,156.78	34.02	.003	50.29	.11
@CHIROPRACTOR	22	37 \$	618.64	\$ 16.72	.003 \$	28.12	
VISITS	22	37	618.64	16.72	.003	28.12	.06
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	23	25 \$	569.03	\$ 22.76	.002 \$	24.74	
MEDICINE/INJECTIONS	11	11	270.20	24.56	.001	24.56	.03
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	12	14	298.83	21.35	.001	24.90	.03
@HOME HEALTH AGENCY	21	796 \$	25,431.83	\$ 31.95	.075 \$	1211.04	
NURSE ANESTHESIST	4	23 \$	314.63	\$ 13.68	.002 \$	78.66	\$.03
	0	0 \$					•
NURSE MIDWIFE	-		.00	\$.00		.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0 \$.00	\$.00	.000 \$.00	
FAMILY NURSE PRACTITIONER	2	2 \$	94.70	\$ 47.35	.000 \$	47.35	
@TOTAL HOSPITAL	1,413	7,396 \$	733,756.83	\$ 99.21	.695 \$	519.29	
HOSP INPATIENT TOTAL	105	491	543,506.99	1106.94	.046	5176.26	51.08
HSC HOSPITALS	59	319	386,793.11	1212.52	.030	6555.82	36.35
NON-HSC HOSPITAL TOTAL	28	82	126,172.07	1538.68	.008	4506.15	11.86
ACCOMMODATIONS	28	82	39,599.59	482.92	.008	1414.27	3.72
ADMINISTRATIVE DAYS	2	3	693.90	231.30	.000	346.95	.07
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	26						
ALL OTHER ACCOM		79	38,905.69	492.48	.007	1496.37	3.66
ANCILLARIES	28	0	86,572.48	.00	.000	3091.87	8.14
INPATIENT CROSSOVERS	18	90	30,541.81	339.35	.008	1696.77	2.87
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,350	6,905	190,249.84	27.55	.649	140.93	17.88
MEDICAL	723	1,085	50,146.38	46.22	.102	69.36	4.71
SURGERY	120	132	9,206.59	69.75	.012	76.72	.87
PATHOLOGY	414	2,013	22,069.31	10.96	.189	53.31	2.07
RADIOLOGY	376	543	34,239.94	63.06	.051	91.06	3.22
ROOM USE	810	1,131	46,498.56	41.11	.106	57.41	4.37
CROSSOVERS/ALL OTH OUTPTNT	656	2,001	28,089.06	14.04	.188	42.82	2.64
@COUNTY HOSPITAL TOTAL	95	567 \$	41,206.64	\$ 72.67	.053 \$	433.75	
CO HOSPITAL INPATIENT TOTAL	6	31	28,365.00	915.00	.003	4727.50	2.67
	6						
HSC HOSPITALS	-	31	28,365.00	915.00	.003	4727.50	2.67
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	91	536	12,841.64	23.96	.050	141.12	1.21
MEDICAL	25	32	908.77	28.40	.003	36.35	.09
SURGERY	13	14	729.12	52.08	.001	56.09	.07
	39	186	1,963.44			50.34	
PATHOLOGY				10.56	.017		.18
RADIOLOGY	25	43	3,228.68	75.09	.004	129.15	.30
ROOM USE	50	73	3,580.03	49.04	.007	71.60	. 34
CROSSOVERS/ALL OTH OUTPTNT		188	2,431.60	12.93		51.74	. 23
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 6,739
MOP024	FEE-FOR-SERVICE	C/DENTAL					01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	VICES FOR CASH GRANT	- TOTAL				
					MONT	HLY AVERA	GE
10,641 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
,	-	OR DAYS OF CARE	-	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,348	6,829 \$	692,550.19	\$ 101.41	.642 \$		
COMM HOSP INPATIENT TOTAL	99	460	515,141.99	1119.87	.043	5203.45	48.41
		100					
HSC HOSPITALS	53	288	358,428.11	1244.54	.027	6762.79	33.68

NON-HSC HOSPITALS TOTAL	28	82		126,172.07		1538.68	.008		4506.15		11.86
ACCOMMODATIONS	28	82		39,599.59		482.92	.008		1414.27		3.72
ADMINISTRATIVE DAYS	2	3		693.90		231.30	.000		346.95		.07
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	26	79		38,905.69		492.48	.007		1496.37		3.66
ANCILLARIES	28	0		86,572.48		.00	.000		3091.87		8.14
INPATIENT CROSSOVERS	18	90		30,541.81		339.35	.008		1696.77		2.87
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1,285	6,369		177,408.20		27.85	.599		138.06		16.67
MEDICAL	706	1,053		49,237.61		46.76	.099		69.74		4.63
SURGERY	107	118		8,477.47		71.84	.011		79.23		.80
PATHOLOGY	379	1,827		20,105.87		11.00	.172		53.05		1.89
RADIOLOGY	352	500		31,011.26		62.02	.047		88.10		2.91
ROOM USE	778	1,058		42,918.53		40.57	.099		55.17		4.03
CROSSOVERS/ALL OTH OUTPTNT		1,813		25,657.46		14.15	.170		41.45		2.41
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00	•	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	40	1,135	\$	152,360.58	\$	134.24	.107	\$	3809.01	\$	14.32
LEV A-INTERMEDIATE	0	_,0	т	.00	4	.00	.000	-	.00	т.	.00
LEV B-REHAB MD	8	226		27,330.18		120.93	.021		3416.27		2.57
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	32	909		125,030.40		137.55	.085		3907.20		11.75
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	Ψ.	.00	τ.	.00	.000	~	.00	Ψ.	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	42	1,342	\$	53,240.88	\$	39.67	.126	\$	1267.64	Ś	5.00
HOSPITAL BASED	0	0	Ψ.	.00	τ.	.00	.000	~	.00	Ψ.	.00
HEMODIALYSIS CENTER	42	1,342		53,240.88		39.67	.126		1267.64		5.00
@REHABILITATION FACILITY	7	30	\$	752.65	\$	25.09	.003	Ś	107.52	Ś	.07
HOSPITAL BASED	7	30	٧	752.65	Υ	25.09	.003	~	107.52	~	.07
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	400	1,322	\$		\$	14.15	.124	Ś	46.77	Ś	1.76
PATHOLOGY	386	1,296	Ψ.	18,460.68	τ.	14.24	.122	~	47.83	Ψ.	1.73
XO AND OTHERS	14	26		247.38		9.51	.002		17.67		.02
@ORGANIZED OUTPATIENT CLINIC	2,975	5,123	\$	472,211.15	\$	92.17	.481	Ś	158.73	Ś	44.38
CLINIC	31	100	Ψ	2,511.20	٧	25.11	.009	~	81.01	~	.24
SURGICENTER	42	177		8,161.73		46.11	.017		194.33		.77
HEROIN DETOX CLINIC	1	5		73.00		14.60	.000		73.00		.01
RURAL HEALTH CLINIC	2,925	4,841		461,465.22		95.32	.455		157.77		43.37
#CALIF DEPT OF HEALTH SERV			ES N	MONTH-OF-PAYMENT RE	ZPORT			DEC		P	AGE 6,740
MOP024	FEE-FOR-SERVICE				JI 010.	1 010 01110 2	1005 111110		2003		01/29/04
MARIPOSA COUNTY		ICES FOR CASH GR	TVA	- TOTAL							01/2//01
							M	ONT	HLY AVERA	GE	
10,641 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER	-	COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	1,212	78,658	\$	221,638.65	\$	2.82	7.392		182.87		20.83
DURABLE MED. EQUIP.	95	293	,	47,889.47	r	163.45	.028	r	504.10	•	4.50
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	16	28		5,901.23		210.76	.003		368.83		.55
MEDICAL TRANSPORTATION	180	3,916		55,192.19		14.09	.368		306.62		5.19
AMBULANCES/AIR TRANS	164	3,489		39,337.69		11.27	.328		239.86		3.70
OTHER TRANS	10	172		631.53		3.67	.016		63.15		.06
OTHER SERVICES	16	255		15,222.97		59.70	.024		951.44		1.43
ACIDINCTIDE	0	233		13,222.57		00	000		00		0.0

20

3

0

391

3

.00

26,952.71

251.00

.00

68.93

83.67

ACUPUNCTURE

ADULT DAY HEALTH CARE CTR

GENETIC DISEASE TESTING

.00 1347.64

83.67

.00

2.53

.02

.000

.037

IHMC, MODEL-NF, NF, AIDS, MSSP	43	132	11,710.66	88.72	.012	272.34	1.10
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	163	400	5,670.01	14.18	.038	34.79	.53
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	3	12	185.01	15.42	.001	61.67	.02
PROSTHETIST/ORTHOTISTS	20	41	3,249.21	79.25	.004	162.46	.31
PROSTHETICS	9	27	2,492.55	92.32	.003	276.95	.23
ORTHOTICS	11	14	756.66	54.05	.001	68.79	.07
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	13	25	2,296.33	91.85	.002	176.64	.22
HOSPICE SERVICES	0	0	13.32	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	371	6,544	28,423.59	4.34	.615	76.61	2.67
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	353	66,873	33,903.92	.51	6.284	96.05	3.19
@CALIF. CHILDREN SERVICES*	79	2,589	\$ 97,594.60	\$ 37.70	.243	\$ 1235.37	\$ 9.17
@XOVER EXCLUDING STATE HOSP**	656	14,179	\$ 98,343.44	\$ 6.94	1.332	\$ 149.91	\$ 9.24

 $@* \ \ \, \text{TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;}\\$

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,741 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MARIPOSA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

MOPUZ4	FEE-FOR-SERVICE									01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR	185% P	ROGRAM	- INFANTS	AID CODES 47				
								NTHLY AVERA	\GE	
189 ELIGIBLES	USERS	UNITS OF			EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS	OF CAR	E		PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	80		190	\$	17,432.06	\$ 91.75	1.005	\$ 217.90	\$	92.23
@PHYSICIANS SERVICES	19		45	\$	1,477.81	\$ 32.84	.238	\$ 77.78	\$	7.82
OUTPATIENT VISITS	13		19		731.29	38.49	.101	56.25		3.87
OFFICE VISITS	12		17		515.13	30.30	.090	42.93		2.73
HOME VISITS	0		0		.00	.00	.000	.00		.00
EMERGENCY ROOM	2		2		216.16	108.08	.011	108.08		1.14
PREVENTIVE CARE	0		0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00		.00
INPATIENT VISITS	2		6		302.32	50.39	.032	151.16		1.60
HOSPITAL VISITS	2		6		302.32	50.39	.032	151.16		1.60
CRITICAL CARE	0		0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	Ô		n		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00		.00
EXAMINATIONS	0		0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00		.00
	0		0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST OUTPATIENT SURGERY	0		0		.00	.00	.000	.00		.00
	0		0		.00	.00	.000	.00		
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00		.00 .00
ASSISTANT SURGEON	0		0		.00					
ANESTHESIOLOGIST DIALYSIS	0		0		.00	.00	.000	.00		.00
	0		0		19.27	2.14	.048	4.82		.10
PATHOLOGY RADIOLOGY	4		9		208.67	34.78	.032	52.17		1.10
	4		0				.000			
PSYCHIATRY	1		1		.00 35.24	.00 35.24	.005	.00 35.24		.00 .19
IMMUNIZATION AND INJECTION	1		1			45.26				
OTHER SERVICES/ALL X-OVERS	35		4	A	181.02		.021	60.34	4	.96
@PHARMACY			51	\$	2,103.74	\$ 41.25	.270		Ş	11.13
PRESCRIPTION DRUGS	35		51		2,103.74	41.25	.270	60.11		11.13
SNF/ICF	0		0		.00	.00	.000	.00		.00
OUTPATIENTS	35		51		2,103.74	41.25	.270	60.11		11.13
MEDICAL SUPPLIES	0		0	A	.00	.00	.000	.00	4	.00
@DENTIST	0		0	\$.00	\$.00	.000		\$.00
VISITS - DIAGNOSTIC	U		0		.00	.00	.000	.00		.00
ORAL SURGERY	0		0		.00	.00	.000	.00		.00
DRUGS	0		0		.00	.00	.000	.00		.00
ANESTHESIA	0		0		.00	.00	.000	.00		.00
PERIODONTICS	0		0		.00	.00	.000	.00		.00
ENDODONTICS	0		0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0		0		.00	.00	.000	.00		.00
PROSTHETICS	0		0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0		0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0		0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0		0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0		0		.00	.00	.000	.00		.00

ORTHODONTIC SERVICES ALL OTHER SERVICES

0 0 0 0

.00 .00

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

.00 .00 .000

.000

.00 .00 PAGE 6,742

01/29/04

.00

.00

#CALIF DEPT OF HEALTH SERV MOP024

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS

	FEE-FOR-SERVICE/DENTAL		1050 550	00000	T11011100		D GODEG 45	60				01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FO)R	185% PR(GRAM -	- INFANTS	AI.	D CODES 47					
								Mo				
189 ELIGIBLES			SERVICE		EXPENDITURES		ERAGE COST					COST PER
		YS	OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	Ġ	.00	Ś	.00
VISITS	0		0	•	.00	•	.00	.000	•	.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		Ö	\$		\$.00	.000	Ś	.00	Ś	.00
MEDICINE/INJECTIONS	0		0	٧	.00	٧	.00	.000	٧	.00	٧	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0						.00	.000		.00		.00
OTHER	0		0	d	.00	4		.000	4		4	.00
@HOME HEALTH AGENCY	0		0 0 0 0	\$ \$ \$ \$.00	\$.00			.00		
NURSE ANESTHESIST	U		0	Ş	.00	Ş	.00	.000		.00		.00
NURSE MIDWIFE	U		0	Ş	.00	-	.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	0		0	Ş	.00	Ş	.00	.000	Ş	.00		.00
FAMILY NURSE PRACTITIONER	0 17 3		0	\$.00	\$.00	.000	\$.00		.00
@TOTAL HOSPITAL	17		50	\$	10,617.17	\$	212.34	.265		624.54	\$	56.18
HOSP INPATIENT TOTAL	3		7		9,030.00		1290.00 1290.00	.037		3010.00		47.78
HSC HOSPITALS	3		7		9,030.00		1290.00	.037 .037 .000		3010.00		47.78
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		0.0		.00
HOSP OUTPATIENT TOTAL	0 0 14		43		1,587.17		36.91	.228		113.37 58.25		8.40
MEDICAL	5		9		291.23		32.36	.048		58 25		1.54
SURGERY	0		Ő		.00		.00	.000		.00		.00
PATHOLOGY	Δ		8		89.22		11 15	.042				.47
RADIOLOGY	<u> </u>		5		662.13		11.15 132.43	.026		22.31 132.43		3.50
ROOM USE	Ω		11		400.61		36.42	.058		50.08		2.12
	7		10		143.98		14.40	.053		20.57		.76
CROSSOVERS/ALL OTH OUTPTNT	7		4	\$		\$	17.78	.033	4	71.10	4	. 76
@COUNTY HOSPITAL TOTAL	1		0	Ş		Ą		.000		.00	Ą	
CO HOSPITAL INPATIENT TOTAL	0				.00		.00					.00
HSC HOSPITALS	U		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1		4		71.10		17.78	.021		71.10 10.20		.38
MEDICAL	1		1		10.20		10.20	.005		10.20		.05
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		Ö		.00		.00	.000		.00		.00
ROOM USE	ĺ		1		34.21		34.21	.005		34.21		.18
	=		•		~ - · - -							

CROSSOVERS/ALL OTH OUTPTNT 1 2 26.69 13.35 .011 26.69 .14 PAGE 6,743

01/29/04

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICE/DENTAL

MARTROCA COMMEN	THE FOR SERVICE/		1050 DE	0000011	T17071700		GODEG 45	60				01/25/04
MARIPOSA COUNTY	SUMMARY OF SERVI	CES FOR	185% PF	ROGRAM	- INFANTS	AIL	RAGE COST UNIT/DAY 229.26 1290.00 1290.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	69			a =	
100			~	_				N	ION.T	HLY AVERA	GE	
189 ELIGIBLES		UNITS OF			EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS		OR DAYS				PER	. UNIT/DAY	PER ELIC	}	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	17		46	\$	10,546.07	\$	229.26	.243	Ş	620.36	Ş	55.80
COMM HOSP INPATIENT TOTAL	3		7		9,030.00		1290.00	.037		3010.00		47.78
HSC HOSPITALS	3		7		9,030.00		1290.00	.037		3010.00		47.78
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		. 0.0	.000		. 0.0		.00
TRANSITIONAL IP CARE	0		Ô		.00		0.0	000		0.0		.00
ALL OTHER ACCOM	0		Ô		.00		00	000		00		.00
ANCILLARIES	0 0 0 0 0 0 0 0		0		.00		00	000		.00		.00
TNDATTENT ODOCCOVEDO	0		0		.00		.00	.000		.00		.00
INPAILENI CROSSOVERS	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	U		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	14		39		1,516.07		38.87	.206		108.29		8.02
TIED I CI II	5		8		281.03		35.13	.042		56.21		1.49
SURGERY	0		0		.00		.00	.000		.00 .00 108.29 56.21 .00 22.31 132.43 45.80		.00
PATHOLOGY	4		8		89.22		11.15	.042		22.31		.47
RADIOLOGY	5		5		662.13		132.43	.026		132.43		3.50
ROOM USE	8		10		366.40		36.64	.053		45.80		1.94
CROSSOVERS/ALL OTH OUTPTNT	6		8		117.29		14.66	.042		19.55		.62
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	0		0	\$.00		.00	.000		.00		.00
MENTALLY ILL	0		Ö	т	.00	Υ	.00	.000	~	.00	~	.00
DEVELOP. DISABLED	0		Ö		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	Ġ	.00	Ġ	.00
ENOUSING LACIDITI	0		0	Ą	.00	Ą	.00	.000	Ą	.00		.00
DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DDD ICF DDN/DDCN	0		0									
TEA R-KEHAR WD	U		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	. 0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		Ö	т	.00	т.	.00	.000	т.	.00	- T	.00
HEMODIALVSIS CENTER	0		Ö		.00		.00	.000		.00		.00
ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED	0		0	\$.00	Ċ	.00	.000	Ċ	.00	Ċ	.00
WOODITAL DAGED	0		0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
TUDEDENDENE ENGLITEN	0		0		.00							
INDEPENDENT FACILITY	0			A		à	.00	.000	4	.00	4	.00
@LABORATORY FACILITY	1		1	\$	16.09	\$	16.09	.005	Ş	16.09	Ş	.09
PATHOLOGY	1		Ţ		16.09		16.09	.005		16.09		.09
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	32		43	\$	3,217.25	\$	74.82			100.54	\$	17.02
CLINIC	2		2		43.32		21.66			21.66		.23
SURGICENTER	0		0		.00		.00	.000		.00		.00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	30		41		3,173.93		77.41	.217		105.80		16.79
#CALTE DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXI	>FNDTTII	RES MON	JTH-OF-PAYMENT RI	EPORT	FOR JAN 2	2003 THRII	DEC	2003	F	PAGE 6.744
MOP024	FEE-FOR-SERVICE/	DENTAL.					1011 01111 1	2005 21110		. 2005	_	01/29/04
MOPU24 MARIPOSA COUNTY	SUMMARY OF SERVI		185% חם	S O C P M M	- TNFANTS	ΔTΓ	CODES 47	69				01,20,01
LUMITE ONL COUNTY	DOLINGKI OF SERVI	LON LON	100.0 PI	I'IM/IOU.	TIM. WINT D	AIL	- CODEO -1/		ייזאר)ו	HLY AVERA	CF	
189 ELIGIBLES	USERS	UNITS OF	CED111	7	EXPENDITURES	7/ 7 777	מעם מסמיי					COST PER
TOS EPIGIBLES	USEKS				FVLFMNTIOKF?							
AND ORDER PROVIDERS	0	OR DAYS			0.0		UNIT/DAY					ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	Ş	.00	.000	Ş	.00	Ş	.00

DURABLE MED. EQUIP.	0	0	.00		.00	.000	.00	.00
BLOOD BANK	0	0	.00		.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00		.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00		.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00		.00	.000	.00	.00
OTHER TRANS	0	0	.00		.00	.000	.00	.00
OTHER SERVICES	0	0	.00		.00	.000	.00	.00
ACUPUNCTURE	0	0	.00		.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00		.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00	.00
OPTICIAN	0	0	.00		.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00		.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00		.00	.000	.00	.00
PROSTHETICS	0	0	.00		.00	.000	.00	.00
ORTHOTICS	0	0	.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00		.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	4	9 \$	248.61	\$ 2	7.62	.048	\$ 62.15	\$ 1.32
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE GIVEN .	AS A SEPARATE	INFORMATION ITEM ONLY;						

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,745
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MARIPOSA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

		MONTHLY AVERAGE					
213 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	186	935 \$	74,706.94	\$ 79.90	4.390 \$	401.65	\$ 350.74
@PHYSICIANS SERVICES	105	359 \$	18,913.57	\$ 52.68	1.685 \$	180.13	\$ 88.80
OUTPATIENT VISITS	56	176	6,186.57	35.15	.826	110.47	29.04
OFFICE VISITS	6	7	322.40	46.06	.033	53.73	1.51
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	6	6	289.21	48.20	.028	48.20	1.36
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	47	163	5,574.96	34.20	.765	118.62	26.17
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	19	37	1,512.37	40.87	.174	79.60	7.10
HOSPITAL VISITS	19	37	1,512.37	40.87	.174	79.60	7.10
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	20	56	8,033.40	143.45	.263	401.67	37.72
PRINCIPAL SURGEON	14	10	6,672.31	667.23	.047	476.59	31.33
ASSISTANT SURGEON	3	2	188.46	94.23	.009	62.82	.88
ANESTHESIOLOGIST	5	44	1,172.63	26.65	.207	234.53	5.51
OUTPATIENT SURGERY	5	8	571.68	71.46	.038	114.34	2.68
PRINCIPAL SURGEON	4	6	511.96	85.33	.028	127.99	2.40

ASSISTANT SURGEON	0	0	.00		.00 .	000	.00	.00
ANESTHESIOLOGIST	2	2	59.72	29	.86 .	009	29.86	.28
DIALYSIS	0	0	.00		.00 .	000	.00	.00
PATHOLOGY	16	35	292.20	8	.35 .	164	18.26	1.37
RADIOLOGY	29	30	1,406.04	46	.87 .	141	48.48	6.60
PSYCHIATRY	0	0	.00		.00 .	000	.00	.00
IMMUNIZATION AND INJECTION	2	3	71.78	23	.93 .	014	35.89	.34
OTHER SERVICES/ALL X-OVERS	12	14	839.53	59	.97 .	066	69.96	3.94
@PHARMACY	48	97	\$ 2,905.55	\$ 29	.95 .	455	\$ 60.53	\$ 13.64
PRESCRIPTION DRUGS	47	96	2,855.55	29	.75 .	451	60.76	13.41
SNF/ICF	0	0	.00		.00 .	000	.00	.00
OUTPATIENTS	47	96	2,855.55	29	.75 .	451	60.76	13.41
MEDICAL SUPPLIES	1	1	50.00	50	.00 .	005	50.00	.23
@DENTIST	3	6	\$ 95.00	\$ 15	.83 .	028	\$ 31.67	\$.45
VISITS - DIAGNOSTIC	2	4	10.00	2	.50 .	019	5.00	.05
ORAL SURGERY	2	2	85.00	42	.50 .	009	42.50	.40

	_	_					
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	U					
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	Ο	0	.00	.00	.000	.00	.00
· · · · · · · · · · · · · · · · · · ·	0	0	.00				
SPACE MAINTAINERS	U	U		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
		-					
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES MON	TH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DEG	2 2003	PAGE 6,746
MOP024	FEE-FOR-SERVICE	C/DENTAL					01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	VICES FOR 185% PROGRAM	- PREGNANT A	ID CODES 44 48	49		
1111111 0011 0001111	DOILLING OF DERI	1020 1011 1000 111001411	11120111111	12 00220 11 10	MON'	יעם אוים איז איז	TE
012 FLIGTRIFIC	Hanna	INITES OF SERVICE		ATTERNACE COCE			
213 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
	0						
EYE APPLIANCES	Ü	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
	0						
OTHER SERVICES	Ü	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
	0	0					
RADIO./PATHOLOGY	Ü	U	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	1 \$	30.13	\$ 30.13	.005 \$	30.13	\$.14
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
	0	0 4	.00	•	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 5		\$.00			
PEDIATRIC NURSE PRACTITIONER		0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	38	130 \$	34,284.25	\$ 263.73	.610 \$	902.22	\$ 160.96
HOSP INPATIENT TOTAL	14	28	31,495.85	1124.85	.131	2249.70	147.87
		25					
HSC HOSPITALS	12		28,270.19	1130.81	.117	2355.85	132.72
NON-HSC HOSPITAL TOTAL	2	3	3,225.66	1075.22	.014	1612.83	15.14
ACCOMMODATIONS	2	3	1,027.49	342.50	.014	513.75	4.82
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	2	3 0	1,027.49	342.50	.014	513.75	4.82
ANCILLARIES	2	0	2,198.17	.00	.000	1099.09	10.32
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	29	102	2,788.40	27.34	.479	96.15	13.09
HOSP OUTPATIENT TOTAL			•				
MEDICAL	17	21	1,188.53	56.60	.099	69.91	5.58
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	15	47	503.09	10.70	.221	33.54	2.36
	6	6	309.10	51.52	.028	51.52	1.45
RADIOLOGY							
ROOM USE	13	17	621.69	36.57	.080	47.82	2.92
CROSSOVERS/ALL OTH OUTPTNT	' 7	11	165.99	15.09	.052	23.71	.78
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0			.000	.00	.00
TRANSITIONAL IP CARE	U	U	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM ANCILLARIES	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS		0								
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITUR	ES MONT	TH-OF-PAYMENT	REPOR	T FOR JAN	2003 THRU D	EC 2003	F	PAGE 6,747
MOP024	FEE-FOR-SERVICE	DENTAL								01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR 185% PR	OGRAM -	- PREGNANT	AID C	ODES 44 48				
								NTHLY AVER		
213 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS		_	COST PER
		OR DAYS OF CARE				R UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	38	130	\$	34,284.25		263.73	.610	\$ 902.22		160.96
COMM HOSP INPATIENT TOTAL	14	28		31,495.85		1124.85	.131	2249.70		147.87
HSC HOSPITALS	12	25		28,270.19		1130.81	.117	2355.85		132.72
NON-HSC HOSPITALS TOTAL	2	3		3,225.66	,	1075.22	.014	1612.83		15.14
ACCOMMODATIONS	2	3		1,027.49		342.50	.014	513.75		4.82
ADMINISTRATIVE DAYS	0	0		.00	1	.00	.000	.00	1	.00
TRANSITIONAL IP CARE	0	0		.00	1	.00	.000	.00	1	.00
ALL OTHER ACCOM	2	3		1,027.49		342.50	.014	513.75	,	4.82
ANCILLARIES	2	0		2,198.17		.00	.000	1099.09	1	10.32
INPATIENT CROSSOVERS	0	0		.00	1	.00	.000	.00	1	.00
ALL OTHER INPATIENT	0	0		.00	1	.00	.000	.00	1	.00
COMM HOSP OUTPATIENT TOTAL	29	102		2,788.40	1	27.34	.479	96.15		13.09
MEDICAL	17	21		1,188.53		56.60	.099	69.91		5.58
SURGERY	0	0		.00)	.00	.000	.00	1	.00
PATHOLOGY	15	47		503.09		10.70	.221	33.54		2.36
RADIOLOGY	6	6		309.10)	51.52	.028	51.52	:	1.45
ROOM USE	13	17		621.69		36.57	.080	47.82	:	2.92
CROSSOVERS/ALL OTH OUTPINT	7	11		165.99		15.09	.052	23.71		.78
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00)	.00	.000	.00	1	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	·	.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00)	.00	.000	.00	1	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00)	.00	.000	.00	1	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	1	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	1	.00	.000	.00	1	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00		.00	.000	\$.00		.00
ICF DDH	0	0	·	.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	Ö		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00		.00	.000	\$.00		.00
HOSPITAL BASED	0	0	T	.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	Ö		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00		.00		\$.00		.00
HOODIENT DAGED	0	0	٠,	.00		.00	.000	0.00		.00

0

122

122

0

151

25

0

43 43

0

4

76

.00

.00

.00

762.48

\$

2,264.09 2,264.09

12,254.47

.573 \$

.709 \$

.000

.000

.573

.000

.117

.00

.00

18.56

18.56

.00

81.16

30.50

.00

.00

10.63 10.63

.00

57.53

3.58

.00

.00

52.65

.00 161.24 \$

190.62

52.65 \$

INDEPENDENT FACILITY

@ORGANIZED OUTPATIENT CLINIC

HOSPITAL BASED

XO AND OTHERS

PATHOLOGY

CLINIC

@LABORATORY FACILITY

.00 .00 SURGICENTER 0 0 .00 .000 .00 HEROIN DETOX CLINIC 0 0 .00 .00 .000 .00 .00 .592 159.61 RURAL HEALTH CLINIC 72 126 11,491.99 91.21 53.95 PAGE 6,748 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

----- MONTHLY AVERAGE -----

MARIPOSA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

					MON	LHLI AVEKAGI	L
213 ELIGIBLES	USERS (JNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	10	69 \$	3,959.88	\$ 57.39	.324 \$	395.99	\$ 18.59
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	60	3,014.88	50.25	.282	3014.88	14.15
AMBULANCES/AIR TRANS	1	59	1,214.88	20.59	.277	1214.88	5.70
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.005	1800.00	8.45
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	9	9	945.00	105.00	.042	105.00	4.44
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	5CR \$	501.73C	R \$ 100.35	.023CR\$	501.73CR	\$ 2.36CR
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00
@* TOTALS IN THESE LINES ARE GIV	EN AS A SEPARA	TE INFORMATION ITEM	(ONLY;				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PAGE 6,749 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM MARIPOSA COUNTY AID CODE 76

----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 00 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 0 0 .00 \$.00 .000 \$.00 \$.00 @TOTAL, ALL PROVIDERS 0 .00 \$.00 \$ @PHYSICIANS SERVICES 0 .00 .00 OUTPATIENT VISITS .00 .00 0 .00 OFFICE VISITS .00 0 0 .00 .00 HOME VISITS EMERGENCY ROOM 0 .00 .00 PREVENTIVE CARE 0 .00 .00 .00 .00 .00 .00 OB VISITS/COMPRE PERI .00 OTHER OUTPATIENT 0 0 .00 .00 0 0 .00 .00 .00 INPATIENT VISITS .00 .00 Ω Ω .00 HOSPITAL VISITS CRITICAL CARE .00 .00 .00

SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
	0	0		.00			.000				
INPATIENT HOSPITAL SURGERY	0	U				.00			.00		.00
PRINCIPAL SURGEON	Ü	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00			.000				
	0	0				.00			.00		.00
RADIOLOGY	U	U		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	•	.00		.00	.000	-	.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0		4		4			4		4	
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
	0	0									
DENTURES, STAYPLATES	0	U		.00		.00	.000		.00		.00
SPACE MAINTAINERS	U	U		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITUR	ES MO	ONTH-OF-PAYMENT R	EPOR	T FOR JAN	2003 THRU	DEC	2003	I	PAGE 6,750
MOP024	FEE-FOR-SERVIC		-	-	_			-			01/29/04
MARIPOSA COUNTY		VICES FOR 60-DAY	D∩GT	DARTIM DROCRAM		AID CODE	76				01/25/01
MAKIFODA COUNTI	BOMMANT OF BEN	VICES FOR OU DAI	1001	FARTON FROGRAM		AID CODE		דדוו ו	HLY AVERA	CF	
00 ELIGIDIES	HGEDG	INTEG OF GEDVICE		EXPENDIBLE	7. 7. 7					.G	COST PER
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER		
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	•	.00	•	.00	.000	•	.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
	0	0	ė.		ė.		.000	4		بي	
@PODIATRIST	0		\$.00	\$.00		Ą	.00	\$.00
MEDICINE/INJECTIONS	U	0		.00		.00	.000		.00		.00
SURGERY/ANES.	Ü	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	Ė	.00	.000	\$.00	Ė	.00
NURSE MIDWIFE	0	Ō	\$.00	Š	.00	.000	Š	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	Ġ	.00	.000	Ś	.00	Š	.00
THE TATELLA TOWNS TOWNS THE TOWNS	U	U	Y	.00	Ą	.00	.000	Ą	.00	Ą	.00

FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00		.00	.000	.00		.00
ROOM USE	0	0	.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00		.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	т.	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00		.00
ANCILLARIES	0	0	.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000	.00		.00
MEDICAL	0	0	.00		.00	.000	.00		.00
SURGERY	0	Ô	.00		.00	.000	.00		.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
RADIOLOGY	0	Ô	.00		.00	.000	.00		.00
ROOM USE	0	Ô	.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	Ô	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	•	AND EXPENDITURES N		EPORT			DEC 2003		PAGE 6,751
MOP024	FEE-FOR-SERVICE/DI			LI OICI	1010 01110	1005 IIIIO	2003	_	01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICE		PARTUM PROGRAM		AID CODE	76			01/25/01
1111111 0011 0001111			1111110111110011111		1112 0022		ONTHLY AVER	AGE	
00 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVEF	RAGE COST	UNITS/DAY			COST PER
		OR DAYS OF CARE			UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	•	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00		.00
ACCOMMODATIONS	0	•	0.0		0.0	000	0.0		.00
	U	0	.00		.00	.000	.00		
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0	0 0 0	.00				.00		.00
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	0 0 0	0 0 0 0			.00	.000			
TRANSITIONAL IP CARE	0 0 0 0	0 0 0 0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	0 0 0 0 0	0 0 0 0 0	.00 .00 .00		.00 .00 .00	.000 .000 .000	.00 .00		.00 .00 .00
TRANSITIONAL IP CARE ALL OTHER ACCOM	0 0 0 0 0	0 0 0 0 0 0	.00 .00 .00		.00 .00 .00	.000 .000 .000	.00 .00 .00		.00 .00 .00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	0 0 0 0 0 0	0 0 0 0 0 0	.00 .00 .00 .00		.00 .00 .00 .00	.000 .000 .000 .000	.00 .00 .00 .00		.00 .00 .00 .00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	0 0 0 0 0 0 0	0 0 0 0 0 0 0	.00 .00 .00 .00 .00		.00 .00 .00 .00 .00	.000 .000 .000 .000 .000	.00 .00 .00 .00 .00		.00 .00 .00 .00 .00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	0 0 0 0 0 0 0	0 0 0 0 0 0 0	.00 .00 .00 .00 .00		.00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00		.00 .00 .00 .00 .00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00 .00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00 .00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00 .00 .00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00 .00 .00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	0 0 0 0 0 0 0 0 0 0	0	.00 .00 .00 .00 .00 .00 .00 .00 .00	\$ \$.00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED		0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	\$\$ \$\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	0	0 0 0 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	\$ \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE	0 0	0 0 0 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	\$ \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD	0 0 0	0 0 0 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	\$.000	\$ \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING	0 0 0 0	0 0 0 \$ 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	\$ \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0 0 0 0 0	0 0 0 \$ 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	\$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000	\$ \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE	0 0 0 0 0 0	0 0 0 \$ 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	\$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000	\$ \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR	0 0 0 0 0 0	0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	\$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 .000	\$ \$ \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD	0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	\$.000 .000 .000 .000 .000 .000 .000 .00	\$ \$ \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH	0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	\$.000 \$.000	\$ \$ \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DDD	0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	\$.000 \$.000	\$ \$ \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	Ő		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00			\$.00
HOSPITAL BASED	0	0	т	.00	-	.00	.000	.00	т.	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000		\$.00
PATHOLOGY	0	0	т	.00	-	.00	.000	.00	т.	.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDI	TURES N	MONTH-OF-PAYMENT I	REPORT	FOR JAN	2003 THRU D	EC 2003	PAG	GE 6,752
MOP024	FEE-FOR-SERVICE/	/DENTAL								01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVI	ICES FOR 60-D.	AY POST	T PARTUM PROGRAM		AID CODE	76			
							MC	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERV	ICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	CC	OST PER
		OR DAYS OF C	ARE		PER	UNIT/DAY	PER ELIG	USER	EI	LIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000		\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	0	0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00		.00

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOSPICE SERVICES

NONINST BIRTHING CENTERS

LOCAL EDUCATION AGENCIES

RESPIRATORY CARE PRACT.

@CALIF. CHILDREN SERVICES*

ALL OTHER PROVIDERS

EPSDT SUPPLEMENTAL SERVICE

PED SUBACUTE REHAB/WEANING

@XOVER EXCLUDING STATE HOSP**

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

0

MARIPOSA COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

					MON	THLY AVERA	GE
402 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	266	1,125	\$ 92,139.00	\$ 81.90	2.799 \$	346.39	\$ 229.20
@PHYSICIANS SERVICES	124	404	\$ 20,391.38	\$ 50.47	1.005 \$	164.45	\$ 50.72

.00

.00

.00

.00

.00

.00

.00

.00

.00 \$

\$

.00

.00

.00

.00

.00

.00

.00

.00

.00

.000

.000

.000

.000

.000

.000

.000

.000 \$

.000 \$

.00

.00

.00

.00

.00

.00

.00

.00 \$

.00 \$

.00

.00

.00

.00

.00

.00

.00

.00

.00

PAGE 6,753

01/29/04

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	69	195		6,917.86		35.48	.485		100.26		17.21
OFFICE VISITS	18	24		837.53		34.90	.060		46.53		2.08
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	8	8		505.37		63.17	.020		63.17		1.26
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	47	163		5,574.96		34.20	.405		118.62		13.87
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	21	43		1,814.69		42.20	.107		86.41		4.51
HOSPITAL VISITS	21	43		1,814.69		42.20	.107		86.41		4.51
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	20	56		8,033.40		143.45	.139		401.67		19.98
PRINCIPAL SURGEON	14	10		6,672.31		667.23	.025		476.59		16.60
ASSISTANT SURGEON	3	2		188.46		94.23	.005		62.82		.47
ANESTHESIOLOGIST	5	44		1,172.63		26.65	.109		234.53		2.92
OUTPATIENT SURGERY	5	8		571.68		71.46	.020		114.34		1.42
	3	6									
PRINCIPAL SURGEON	4	0		511.96		85.33	.015		127.99		1.27
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	2		59.72		29.86	.005		29.86		.15
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	20	44		311.47		7.08	.109		15.57		.77
RADIOLOGY	33	36		1,614.71		44.85	.090		48.93		4.02
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	3	4		107.02		26.76	.010		35.67		.27
OTHER SERVICES/ALL X-OVERS	15	18		1,020.55		56.70	.045		68.04		2.54
@PHARMACY	83	148 \$	4	5,009.29	\$	33.85	.368 \$:	60.35	Ś	12.46
PRESCRIPTION DRUGS	82	147	,	4,959.29	Y	33.74	.366	,	60.48	Y	12.34
	0	0		.00		.00	.000		.00		.00
SNF/ICF	_										
OUTPATIENTS	82	147		4,959.29		33.74	.366		60.48		12.34
MEDICAL SUPPLIES	1	1		50.00		50.00	.002		50.00	4.	.12
@DENTIST	3	6 \$	5	95.00	\$	15.83	.015 \$	5	31.67	Ş	. 24
VISITS - DIAGNOSTIC	2	4		10.00		2.50	.010		5.00		.02
ORAL SURGERY	2	2		85.00		42.50	.005		42.50		.21
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
·	0	0		.00					.00		.00
SPACE MAINTAINERS	0	0				.00	.000				
MAXILLOFACIAL SERVICES	U	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	U	Ü		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	IOM 8	NTH-OF-PAYMENT RI	EPORT	FOR JAN 2	2003 THRU DE	C	2003	P	AGE 6,754
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR 185% AND	60-I	DAY PP TOTAL, COI	DES 4	4 47 48 49	69 76				
							MON	ITH	LY AVERA	GE ·	
402 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVEI	RAGE COST	UNITS/DAYS	С	OST PER	(COST PER
	0.0	OR DAYS OF CARE					PER ELIG	_	USER		ELIGIBLE
@OPTOMETRIST	0	0 \$	5	.00	\$.00	.000 \$	5	.00		.00
DIAGNOSTIC AND ANC. PROCED	0	0	r	.00	Ψ.	.00	.000	-	.00	~	.00
EYE APPLIANCES	0	0									
	-	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		4	.00	Ċ	.00	.000	•	.00	۲,	.00
@CHIROPRACTOR	0	0 \$	>	.00	\$.00	.000 \$	•	.00	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00

OFFIED GEDITTORS	9	0		0.0		0.0	000		0.0		0.0
OTHER SERVICES	U	0	_	.00		.00	.000		.00		.00
@PODIATRIST	0		\$.00	\$.00	.000		.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	ĺ	\$	30.13	\$	30.13	.002		30.13	\$.07
NURSE ANESTHESIST	0	0	* *	.00	\$.00	.000		.00	\$.00
NURSE MIDWIFE	0	0	Y d:	.00	\$.00	.000		.00	\$.00
	· ·	0	ှ	.00		.00	.000		.00	\$	
PEDIATRIC NURSE PRACTITIONER			Ģ A		\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	-	.00	\$.00
@TOTAL HOSPITAL	55	180	\$	44,901.42	\$	249.45	.448		816.39	\$	111.70
HOSP INPATIENT TOTAL	17	35		40,525.85		157.88	.087		2383.87		100.81
HSC HOSPITALS	15	32		37,300.19	1	165.63	.080		2486.68		92.79
NON-HSC HOSPITAL TOTAL	2	3		3,225.66	1	075.22	.007		1612.83		8.02
ACCOMMODATIONS	2	3		1,027.49		342.50	.007		513.75		2.56
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	3		1,027.49		342.50	.007		513.75		2.56
	2	0		2,198.17		.00	.000		1099.09		5.47
ANCILLARIES	2										
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	43	145		4,375.57		30.18	.361		101.76		10.88
MEDICAL	22	30		1,479.76		49.33	.075		67.26		3.68
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	19	55		592.31		10.77	.137		31.17		1.47
RADIOLOGY	11	11		971.23		88.29	.027		88.29		2.42
ROOM USE	21	28		1,022.30		36.51	.070		48.68		2.54
CROSSOVERS/ALL OTH OUTPTNT	14	21		309.97		14.76	.052		22.14		.77
@COUNTY HOSPITAL TOTAL	1		\$	71.10	\$	17.78	.010		71.10	\$.18
			Ą		Ą					Ą	
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	1	4		71.10		17.78	.010		71.10		.18
CO HOSP OUTPATIENT TOTAL	1	4									
MEDICAL	Τ	Ι		10.20		10.20	.002		10.20		.03
SURGERY	U	U		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		34.21		34.21	.002		34.21		.09
CROSSOVERS/ALL OTH OUTPTNT	1	2		26.69		13.35	.005		26.69		.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURE:	S MONT	H-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	PF	AGE 6,755
MOP024	FEE-FOR-SERVICE/	DENTAL									01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVI	CES FOR 185% AND	60-DA	Y PP TOTAL, COD	DES 44	47 48 4	9 69 76				
				,	-			MONT	HLY AVERA	GE -	
402 ELIGIBLES		TRITTE OF GERLITCH		EXPENDITURES	7/LE	AGE COST	UNITS/DA				COST PER
TOZ HITGIDING	HEERS	INTERS OF SERVICE		LIZI LINDI I ORLIG	7 7 V 11 1		ONTID/DI			-	
	USERS	UNITS OF SERVICE			סקס	עמר/ ידדוווו	דות קתם	C.	TICEP	ъ	
@COMMINITY HOSDITAL TOTAL		OR DAYS OF CARE	ċ	<i>///</i> 920 22			PER ELI		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	55	OR DAYS OF CARE 176	\$	44,830.32	\$	254.72	.438	\$	815.10		111.52
COMM HOSP INPATIENT TOTAL	55 17	OR DAYS OF CARE 176 35	\$	40,525.85	\$ 1	254.72 157.88	.438 .087	\$	815.10 2383.87		111.52 100.81
COMM HOSP INPATIENT TOTAL HSC HOSPITALS	55 17 15	OR DAYS OF CARE 176 35 32	\$	40,525.85 37,300.19	\$ 1 1	254.72 157.88 165.63	.438 .087 .080	\$	815.10 2383.87 2486.68		111.52 100.81 92.79
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	55 17 15 2	OR DAYS OF CARE 176 35 32 3	\$	40,525.85 37,300.19 3,225.66	\$ 1 1	254.72 157.88 165.63 075.22	.438 .087 .080 .007	\$	815.10 2383.87 2486.68 1612.83		111.52 100.81 92.79 8.02
COMM HOSP INPATIENT TOTAL HSC HOSPITALS	55 17 15 2 2	OR DAYS OF CARE 176 35 32 3	\$	40,525.85 37,300.19	\$ 1 1	254.72 157.88 165.63	.438 .087 .080	\$	815.10 2383.87 2486.68		111.52 100.81 92.79
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	55 17 15 2	OR DAYS OF CARE 176 35 32 3	\$	40,525.85 37,300.19 3,225.66	\$ 1 1	254.72 157.88 165.63 075.22	.438 .087 .080 .007	\$	815.10 2383.87 2486.68 1612.83		111.52 100.81 92.79 8.02
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	55 17 15 2 2	OR DAYS OF CARE 176 35 32 3	\$	40,525.85 37,300.19 3,225.66 1,027.49	\$ 1 1	254.72 157.88 165.63 075.22 342.50	.438 .087 .080 .007	\$	815.10 2383.87 2486.68 1612.83 513.75		111.52 100.81 92.79 8.02 2.56

ALL OTHER ACCOM	2	3	1,027.49	342.50	.007	513.75	2.56
ANCILLARIES	2	0	2,198.17	.00	.000	1099.09	5.47
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	43	141	4,304.47	30.53	.351	100.10	10.71
MEDICAL	22	29	1,469.56	50.67	.072	66.80	3.66
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	19	55	592.31	10.77	.137	31.17	1.47
RADIOLOGY	11	11	971.23	88.29	.027	88.29	2.42
ROOM USE	21	27	988.09	36.60	.067	47.05	2.46
CROSSOVERS/ALL OTH OUTPINT	13	19	283.28	14.91	.047	21.79	.70
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	()	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	()	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	()	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	()	.00		.00	.000		.00		.00
LEV B-REGULAR	0	()	.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	() \$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	() .	.00	•	.00	.000		.00		.00
ICF DD	0	()	.00		.00	.000		.00		.00
ICF DDN/DDCN	0	()	.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	() \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	()	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	()	.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	() \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	()	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	()	.00		.00	.000		.00		.00
@LABORATORY FACILITY	44	123	\$	2,280.18	\$	18.54	.306	\$	51.82	\$	5.67
PATHOLOGY	44	123	3	2,280.18		18.54	.306		51.82		5.67
XO AND OTHERS	0	()	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	108	194	l \$	15,471.72	\$	79.75	.483	\$	143.26	\$	38.49
CLINIC	6	2	7	805.80		29.84	.067		134.30		2.00
SURGICENTER	0	()	.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	()	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	102	167	7	14,665.92		87.82	.415		143.78		36.48
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPEND	TURES N	MONTH-OF-PAYMENT I	REPOR'	T FOR JAN 2	2003 THRU 1	DEC	2003	PI	GE 6,756
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVI	ICES FOR 1859	AND 60)-DAY PP TOTAL, CO	ODES	44 47 48 49	9 69 76				
							M	ITNC	HLY AVERA	GE -	
402 ELIGIBLES	USERS	UNITS OF SERV	-	EXPENDITURES		ERAGE COST		S (COST PER		COST PER
		OR DAYS OF (R UNIT/DAY	_		USER		LIGIBLE
ALL OBIED DROUTDEDG	1.0	<i>C</i> (٠ ٠	2 050 00	4	F7 20	177	4	205 00	4	0 0 5

				MON	NIHLY AVERAGE	
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
10	69 \$	3,959.88	\$ 57.39	.172	395.99 \$	9.85
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
1	60	3,014.88	50.25	.149	3014.88	7.50
1	59	1,214.88	20.59	.147	1214.88	3.02
0	0	.00	.00	.000	.00	.00
1	1	1,800.00	1800.00	.002	1800.00	4.48
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
9	9	945.00	105.00	.022	105.00	2.35
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
5	4 \$	253.12CR	\$ 63.28CR	.010	50.62CR\$.63CR
0	0 \$.00	\$.00	.000	\$.00 \$.00
AS A SEPARA	TE INFORMATION ITEM ON	LY;				
	10 0 0 0 1 1 1 0 0 0 9 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 10 69 \$ 0 0 0 0 0 0 1 60 1 59 0 0 0 1 1 1 0 0 0 0 1 1 1 0	OR DAYS OF CARE 10 69 \$ 3,959.88 0 0 0 .00 0 0 .00 1 60 3,014.88 1 59 1,214.88 0 0 .00 1 1 1 1,800.00 0 0 .00	OR DAYS OF CARE 10 69 \$ 3,959.88 \$ 57.39 0 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 1 60 3,014.88 50.25 1 59 1,214.88 20.59 0 0 0 .00 .00 1 1 1 1,800.00 1800.00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .0	USERS	OR DAYS OF CARE

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MARIPOSA COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,757 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

AID CODE 16

SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

----- MONTHLY AVERAGE -----92 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 724 30,498.05 Ś 42.12 7.870 \$ 358.80 \$ 331.50 18 48 507.08 \$ 10.56 .522 \$ 28.17 \$ 5.51 @PHYSICIANS SERVICES Ω Ω .00 .00 .000 .00 OUTPATIENT VISITS .00 OFFICE VISITS .00 .00 .000 .00 .00 HOME VISITS .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 PREVENTIVE CARE .00 OB VISITS/COMPRE PERI .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 .00 . 00 .000 . 00 . 00 INPATTENT VISITS HOSPITAL VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 CRITICAL CARE .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 . 00 EXAMINATIONS .00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 .00 .000 .00 INPATIENT HOSPITAL SURGERY .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ANESTHESIOLOGIST OUTPATIENT SURGERY .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 . 00 .000 . 00 . 00 .00 .00 ANESTHESIOLOGIST .00 .000 .00 .00 .00 .000 .00 .00 DIALYSIS PATHOLOGY .00 . 00 .000 . 00 . 00 .000 RADIOLOGY .00 .00 .00 .00 .00 **PSYCHIATRY** Ω .00 .00 .000 .00 Ω .00 .00 .000 .00 .00 IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS 48 507.08 10.56 .522 28.17 5.51 @PHARMACY 76 305 22,897.63 75.07 3.315 \$ 301.28 \$ 248.89 76 77.85 PRESCRIPTION DRUGS 291 22,655.52 3.163 298.10 246,26 SNF/ICF 0 0 .00 .00 .000 .00 .00 77.85 OUTPATIENTS 291 22,655.52 3.163 298.10 246.26 .152 MEDICAL SUPPLIES 14 242.11 17.29 80.70 2.63 @DENTIST 11 234.00 \$ 21.27 .120 \$ 78.00 \$ 2.54 8 9.50 .087 38.00 VISITS - DIAGNOSTIC 76.00 .83 ORAL SURGERY .00 .00 .000 .00 . 00 .00 .00 .000 .00 .00 DRUGS .000 ANESTHESIA .00 .00 .00 .00 55.00 55.00 110.00 .022 1.20 PERIODONTICS .00 .00 .000 .00 ENDODONTICS .00 RESTORATIVE DENTISTRY 48.00 48.00 .011 48.00 .52 .00 .000 .00 .00 PROSTHETICS .00 DENTURES, STAYPLATES .00 .00 .000 .00 .00 SPACE MAINTAINERS .00 .00 .000 .00 .00 .00 MAXILLOFACIAL SERVICES .00 .000 .00 .00 .00 .00 .000 .00 .00 FRACTURES, DISLOCATIONS .00 ORTHODONTIC SERVICES .00 .000 .00 .00 0 0 .00 .00 .00 .00 ALL OTHER SERVICES .000 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,758 #CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,759

MARIPOSA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

01/29/04

							M		HLY AVERA	GE ·	
92 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER		COST PER
@COMMUNITY HOSPITAL TOTAL	12	OR DAYS OF CARE	\$	4,060.82		R UNIT/DAY 72.51	PER ELIG .609		USER 338.40	\$	ELIGIBLE 44.14
COMM HOSP INPATIENT TOTAL	2	9	Ą	1,652.00	•	183.56	.098	Ą	826.00	Ą	17.96
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	9		1,652.00		183.56	.098		826.00		17.96
ALL OTHER INPATIENT	0 10	0 47		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL MEDICAL	0	0		2,408.82		51.25 .00	.511 .000		240.88		26.18 .00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	Ō		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	10	47		2,408.82		51.25	.511		240.88		26.18
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00		.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00 .00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	Ō	\$.00		.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00		.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER @REHABILITATION FACILITY	0	0	\$.00		.00	.000	\$.00	\$.00 .00
HOSPITAL BASED	0	0	Ą	.00		.00	.000	Ą	.00	Ą	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	3.43		3.43	.011	\$	3.43	\$.04
PATHOLOGY	0	0	•	.00		.00	.000		.00		.00
XO AND OTHERS	1	1		3.43		3.43	.011		3.43		.04
@ORGANIZED OUTPATIENT CLINIC	24	43	\$	1,388.80		32.30	.467	\$	57.87	\$	15.10
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0 24	0 43		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV		43 ES AND EXPENDITUR	EC MC	1,388.80	ם בים חשם	32.30	.467	חבים	57.87	D.	15.10 AGE 6,760
MOP024	FEE-FOR-SERVICE		ES MC	JNIH-OF-PAIMENI .	REPORI	FOR JAN 2	2003 IHRU	DEC	2003	P	01/29/04
MARIPOSA COUNTY		ICES FOR TITLE I	T DTS	SREGARD - AGED		AID CODE	16				01/29/04
THICH ODIT COUNTY	BOILING OF BEICV	1010 1010 111111 1		JICEOTHED TIGED		TIED CODE	M	ONTE	HLY AVERA	GE ·	
92 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST					COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER]	ELIGIBLE
@ALL OTHER PROVIDERS	16	246	\$	1,165.59	\$	4.74	2.674	\$	72.85	\$	12.67
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	3	7	736.00	105.14	.076	245.33	8.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	11	128.96	11.72	.120	42.99	1.40
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	11	228		300.63	1.32	2.478	27.33	3.27	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@XOVER EXCLUDING STATE HOSP**	35	340	\$	5,054.47	\$ 14.87	3.696	\$ 144.41	\$ 54.94	
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARATE	TNFORMATION	TTEM ONLY;						

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV PAGE 6,761 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MARIPOSA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

O	MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR TIT	гт ятт	r DT:	SREGARD - BLIND	AIL	CODES 26				
TOTAL, ALL PROVIDERS 0 0 0 0 \$.00 \$												
######################################	00 ELIGIBLES	USERS				EXPENDITURES				3		
### SPHYSICIANS SERVICES 0 0 \$.00 \$			OR DAYS OF	CARE			PER					
OUTPATIENT VISITS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@TOTAL, ALL PROVIDERS											
OFFICE VISITS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					\$		\$			\$		
HOME VISITS	OUTPATIENT VISITS	-										
EMERCENCY ROOM		0		0								
PREVENTIVE CARE O O .00 .00 .00 .00 .00 .00 .00 .00 .00		0		0								.00
OB VISITS/COMPRE PERI 0 0 0 0 00 00 00 00 00 00 00 00 00 00	EMERGENCY ROOM	0		0								.00
OTHER OUTPATIENT 0 0 0 0 00 00 00 00 00 00 00 100 100 1	PREVENTIVE CARE	0		0								
INPATIENT VISITS		0		0								
HOSPITAL VISITS	OTHER OUTPATIENT	0		0				.00	.000		.00	.00
CRITICAL CARE 0 0 0 0 0 00 00 00 00 00 00 00 00 00 0	INPATIENT VISITS	0		0								.00
SNF/ICE/TRANS IP CARE	HOSPITAL VISITS	0		0				.00				.00
OPHTHALMOLOGICAL SERVICES	CRITICAL CARE	0		0				.00	.000		.00	.00
EXAMINATIONS 0	SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00	.00
SERVICES AND MATERIALS	OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXAMINATIONS	0		0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON O ASSISTANT SURGEON O ANESTHESIOLOGIST O OUTPATIENT SURGERY O OUTPATIENT SURGENY O OUTPATIENT SURGENY O OUTPATIENT SURGEON O ASSISTANT SURGEON O OUTPATIENT SURGERY O O OUTPATIENT SURGEON O ASSISTANT SURGEON O ASSISTANT SURGEON O O ASSISTANT SURGEON O O O O O O O O O O O O	SERVICES AND MATERIALS	0		0				.00	.000		.00	.00
ASSISTANT SURGEON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	.00
OUTPATIENT SURGERY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ASSISTANT SURGEON	0		0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON 0 0 .00 <	ANESTHESIOLOGIST	0		0		.00		.00	.000		.00	.00
ASSISTANT SURGEON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OUTPATIENT SURGERY	0		0				.00	.000			.00
ANESTHESIOLOGIST 0 0 0 .00 .00 .000 .00 .00 .00 .00 .00	PRINCIPAL SURGEON	0		0				.00				.00
DIALYSIS 0 0 .00 <td>ASSISTANT SURGEON</td> <td>0</td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	ASSISTANT SURGEON	0		0								
PATHOLOGY 0 0 0 0 00 00 00 00 00 00 00 00 00 00	ANESTHESIOLOGIST	0		0				.00	.000			.00
RADIOLOGY PSYCHIATRY O O O O O O O O O O O O O O O O O O O	DIALYSIS	0		0				.00			.00	.00
PSYCHIATRY 0 0 .00<	PATHOLOGY	0		0				.00	.000			.00
IMMUNIZATION AND INJECTION 0 .00 <td>RADIOLOGY</td> <td>0</td> <td></td>	RADIOLOGY	0										
OTHER SERVICES/ALL X-OVERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PSYCHIATRY	0		0		.00		.00	.000		.00	.00
@PHARMACY 0 0 \$.00 \$.00		•		0								
PRESCRIPTION DRUGS 0 0 .00	OTHER SERVICES/ALL X-OVERS	0										
SNF/ICF 0 0 .00 .	@PHARMACY	0		0	\$		\$			\$		\$.00
OUTPATIENTS 0 0 0 .00 .00 .000 .00 .00 .00 .00 .00	PRESCRIPTION DRUGS	0		0		.00		.00	.000		.00	.00
MEDICAL SUPPLIES 0 0 .00 <t< td=""><td>SNF/ICF</td><td>0</td><td></td><td>0</td><td></td><td>.00</td><td></td><td>.00</td><td>.000</td><td></td><td>.00</td><td>.00</td></t<>	SNF/ICF	0		0		.00		.00	.000		.00	.00
@DENTIST 0 0 \$.00 \$.00	OUTPATIENTS	0		0				.00				.00
VISITS - DIAGNOSTIC 0 0 .00	MEDICAL SUPPLIES	0		0		.00		.00	.000		.00	.00
ORAL SURGERY 0 0 .00	@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DRUGS 0 0 .00 .00 .00 .00 .00 ANESTHESIA 0 0 .00 .00 .00 .00 .00 .00 PERIODONTICS 0 0 .00 .00 .00 .00 .00 .00	VISITS - DIAGNOSTIC	0		0		.00		.00	.000		.00	.00
ANESTHESIA 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ORAL SURGERY	0		0								.00
PERIODONTICS 0 0 .00 .00 .00 .00 .00	DRUGS	0		0				.00	.000			.00
	ANESTHESIA	0		0								.00
ENDODONTICS 0 0 .00 .00 .00 .00 .00	PERIODONTICS	0		0		.00		.00			.00	.00
	ENDODONTICS	0		0		.00		.00	.000		.00	.00

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES MONT					PAGE 6,762
MOP024	FEE-FOR-SERVICE						01/29/04
MARIPOSA COUNTY		ICES FOR TITLE II DISRE	GARD - BLIND	AID CODES 26	6A		
					MONT	HLY AVERAC	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$		
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	Ô	0 \$.00	\$.00	.000 \$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	Ô	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$ 0 \$.00	\$.00	.000 \$.00	•
HOSP INPATIENT TOTAL	0	0 ş 0	.00	.00	.000 \$.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	7	0					
CROSSOVERS/ALL OTH OUTPTNT		ŭ	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	· ·
CO HOSPITAL INPATIENT TOTAL	0	0 0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	-	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	U	0 0	.00	.00	.000	.00	.00
ACCOMMODATIONS	U	U	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	U	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	U	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	U	Ü	.00	.00	.000	.00	.00
ANCILLARIES	U	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	U	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		00
MEDICAL	0	0	.00	.00	.000	.00		00
SURGERY	0	0	.00	.00	.000	.00		00
PATHOLOGY	0	0	.00	.00	.000	.00		00
RADIOLOGY	0	0	.00	.00	.000	.00		00
	0	0						
ROOM USE	0	0	.00	.00	.000	.00		00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		00
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DEC	2003	PAGE 6	
MOP024	FEE-FOR-SERVICE						01/2	9/04
MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR TITLE II	DISREGARD - BLIND	AID CODES 26				
					MONT			
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		UNITS/DAYS		COST P	ER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIB	LE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.	00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00		00
HSC HOSPITALS	0	0	.00	.00	.000	.00		00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		00
	0	0	.00	.00		.00		
ALL OTHER ACCOM	0	0			.000			00
ANCILLARIES	0	U	.00	.00	.000	.00		00
INPATIENT CROSSOVERS	U	U	.00	.00	.000	.00		00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		00
MEDICAL	0	0	.00	.00	.000	.00		00
SURGERY	0	0	.00	.00	.000	.00		00
PATHOLOGY	0	0	.00	.00	.000	.00		00
RADIOLOGY	0	0	.00	.00	.000	.00		00
ROOM USE	0	0	.00	.00	.000	.00		00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00		00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00		00
MENTALLY ILL	0	0 \$.00	.00	.000	.00		00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		00
@NURSING FACILITY	0	0 \$		\$.00		.00		00
	0	0 Ş		•	•		•	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		00
LEV B-REHAB MD	U	U	.00	.00	.000	.00		00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		00
LEV B-REGULAR	0	0	.00	.00	.000	.00		00
@INTERMEDIATE CARE FACILDD	0	0 \$		\$.00	.000 \$.00	\$.	00
ICF DDH	0	0	.00	.00	.000	.00		00
ICF DD	0	0	.00	.00	.000	.00		00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.	00
HOSPITAL BASED	0	0	.00	.00	.000	.00		00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00		00
@REHABILITATION FACILITY	0	0 \$		\$.00	.000 \$.00		00
HOSPITAL BASED	0	0	.00	.00	.000	.00	-	00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00		00
@LABORATORY FACILITY	0	0 \$		\$.00	.000 \$.00		00
PATHOLOGY	0	0	.00	.00	.000 \$.00	•	00
	0							
XO AND OTHERS	0	0	.00	.00	.000	.00		00
@ORGANIZED OUTPATIENT CLINIC	U	0 \$		\$.00	.000 \$.00	-	00
CLINIC	Ū	0	.00	.00	.000	.00		00
SURGICENTER	0	0	.00	.00	.000	.00		00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00		00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DEC	2003	PAGE 6	,764

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

					MONT	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,765 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MARIPOSA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C
----- MONTHLY AVERAGE ------

					1-1014	T1111 T 11V 11V1	J L
98 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	86	722 \$	41,280.46	\$ 57.18	7.367 \$	480.01	\$ 421.23
@PHYSICIANS SERVICES	10	22 \$	773.31	\$ 35.15	.224 \$	77.33	\$ 7.89
OUTPATIENT VISITS	1	1	45.76	45.76	.010	45.76	.47
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	45.76	45.76	.010	45.76	.47
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	36.15	36.15	.010	36.15	.37
RADIOLOGY	3	6	66.71	11.12	.061	22.24	.68
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	7	14	624.69	44.62	.143	89.24	6.37
@PHARMACY	76	430	\$ 34,471.42	\$ 80.17	4.388	\$ 453.57	\$ 351.75
PRESCRIPTION DRUGS	76	327	34,391.12	105.17	3.337	452.51	350.93

SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	76	327		34,391.12	1	05.17	3.337		452.51		350.93
MEDICAL SUPPLIES	3	103		80.30		.78	1.051		26.77		.82
@DENTIST	9	27	\$	1,455.00	\$	53.89	.276	\$	161.67	\$	14.85
VISITS - DIAGNOSTIC	6	22		210.00		9.55	.224		35.00		2.14
ORAL SURGERY	2	2		130.00		65.00	.020		65.00		1.33
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	1	1		215.00	2	15.00	.010		215.00		2.19
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	2		900.00	4	50.00	.020		900.00		9.18
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	JRES M	ONTH-OF-PAYMENT RE	EPORT F	OR JAN	2003 THRU	DEC	2003	PAG	GE 6,766
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	TITLE	II DI	SREGARD - DISABLEI	D AID C	ODES 3	6 66 6C				

----- MONTHLY AVERAGE -----98 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 16.28 32.56 \$ @OPTOMETRIST 65.11 .041 \$.66 DIAGNOSTIC AND ANC. PROCED 1 1 12.00 12.00 .010 12.00 .12 3 53.11 17.70 .031 53.11 .54 EYE APPLIANCES OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 @CHIROPRACTOR .00 \$.00 .000 \$.00 .00 VISITS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 @PODIATRIST .00 .00 .000 \$.00 .00 .00 .00 .000 .00 MEDICINE/INJECTIONS .00 .00 .00 .000 .00 SURGERY/ANES. .00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER .00 .00 .000 .00 .00 .00 .00 .000 .00 @HOME HEALTH AGENCY .00 NURSE ANESTHESIST .00 .00 .000 .00 .00 NURSE MIDWIFE .00 \$.00 .000 .00 \$.00 PEDIATRIC NURSE PRACTITIONER 0 .00 .000 .00 .00 .00 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 .00 \$.00 @TOTAL HOSPITAL 51 965.70 18.94 .520 68.98 9.85 HOSP INPATIENT TOTAL 134.80 67.40 .020 134.80 1.38 HSC HOSPITALS .00 .00 .000 .00 .00 .000 NON-HSC HOSPITAL TOTAL .00 .00 .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM .000 .00 .00 ANCILLARIES .000 .00 .00 INPATIENT CROSSOVERS 134.80 67.40 .020 134.80 1.38 ALL OTHER INPATIENT .000 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL 49 830.90 16.96 .500 63.92 8.48 13 MEDICAL 79.43 39.72 .020 79.43 .81 SURGERY 0 .00 .00 .000 .00 .00 19.88 19.88 .010 19.88 .20 PATHOLOGY RADIOLOGY 69.27 23.09 .031 34.64 .71 64.79 32.40 32.40 ROOM USE .020 .66 11 41 597.53 14.57 54.32 6.10 CROSSOVERS/ALL OTH OUTPTNT .418 @COUNTY HOSPITAL TOTAL .00 \$.00 .000 \$.00 \$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2003 THRU DEC	2003	PAGE 6,767
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL
MARIPOSA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

----- MONTHLY AVERAGE -----USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 98 ELIGIBLES COST PER ELIGIBLE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @COMMUNITY HOSPITAL TOTAL 14 51 965.70 18.94 .520 \$ 68.98 \$ 9.85 1 134.80 67.40 .020 134.80 COMM HOSP INPATIENT TOTAL 1.38 HSC HOSPITALS .00 .00 .000 .00 .00 .000 NON-HSC HOSPITALS TOTAL .00 .00 .00 .00 .00 .00 .000 .00 ACCOMMODATIONS .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 .00 .000 ALL OTHER ACCOM .00 .00 .00 .00 ANCILLARIES .00 .00 .000 .00 .00 134.80 67.40 .020 134.80 INPATIENT CROSSOVERS 1.38 ALL OTHER INPATIENT .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 13 49 830.90 16.96 .500 63.92 8.48 MEDICAL 79.43 39.72 .020 79.43 .81 .00 .00 .000 .00 SURGERY .00 PATHOLOGY 1 19.88 19.88 .010 19.88 .20 RADIOLOGY 3 69.27 23.09 .031 34.64 .71 2 64.79 32.40 32.40 ROOM USE .020 .66 CROSSOVERS/ALL OTH OUTPTNT 11 41 597.53 14.57 .418 54.32 6.10 @STATE HOSPITAL 0 .00 \$.00 .000 \$.00 .00 MENTALLY ILL .00 .00 .000 .00 .00 DEVELOP. DISABLED .00 .00 .000 .00 .00 0 @NURSING FACILITY .00 .00 .000 \$.00 .00 .00 .00 .000 .00 .00 LEV A-INTERMEDIATE .00 .00 .000 .00 .00 LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING .00 .00 .000 .00 .00 0 .00 .00 .00 LEV B-SUBACUTE HSPTL BASED .000 .00 0 LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 .00 0 LEV B-REGULAR .00 .00 .000 .00 .00 @INTERMEDIATE CARE FACIL.-DD .00 .000 \$.00 .00 .00 ICF DDH .00 .000 .00 .00 .00 ICF DD .00 .00 .000 .00 .00 .00 ICF DDN/DDCN .00 .00 .000 .00 .00 .00 .00 @HEMODIALYSIS TOTAL \$.000 \$.00 HOSPITAL BASED .00 .00 .000 .00 .00 .00 HEMODIALYSIS CENTER .00 .000 .00 .00 .00 .00 .000 .00 .00 @REHABILITATION FACILITY HOSPITAL BASED .00 .00 .000 .00 .00

INDEPENDENT FACILITY	0	0	.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	7 \$	132.19	\$	18.88	.071	\$	66.10	\$	1.35
PATHOLOGY	1	6	130.33		21.72	.061	1	.30.33		1.33
XO AND OTHERS	1	1	1.86		1.86	.010		1.86		.02
@ORGANIZED OUTPATIENT CLINIC	36	60 \$	2,769.08	\$	46.15	.612	\$	76.92	\$	28.26
CLINIC	0	0	.00		.00	.000		.00		.00
SURGICENTER	0	0	.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	36	60	2,769.08		46.15	.612		76.92		28.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT I	REPORT	FOR JAN	2003 THRU	DEC 20	03	PF	AGE 6,768
MOP024	FEE-FOR-SERVICE/DE	NTAL								01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES	S FOR TITLE II	DISREGARD - DISABLI	ED AID	CODES 36	66 6C				

----- MONTHLY AVERAGE -----98 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1.235 \$ @ALL OTHER PROVIDERS 121 648.65 5.36 72.07 \$ 6.62 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 Ω 0 .00 .00 .000 . 00 . 00 BLOOD BANK HEARING AID DISPENSERS 0 .00 .00 .000 .00 .00 63 102.06 MEDICAL TRANSPORTATION 102.06 1.62 .643 1.04 .00 Ω .00 .00 .000 .00 AMBULANCES/AIR TRANS 63 102.06 1.62 .643 102.06 1.04 OTHER TRANS .000 .00 0 .00 .00 OTHER SERVICES .00 .00 ACUPUNCTURE 0 .00 .000 .00 .00 .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR .00 GENETIC DISEASE TESTING 0 .00 .00 .000 .00 .00 .000 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN 26.08 13.04 .020 26.08 .27 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY Ω .00 .00 .000 .00 .00 .00 PROSTHETIST/ORTHOTISTS Ω .00 .000 .00 .00 .00 .000 .00 .00 .00 PROSTHETICS ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY 66.05 66.05 .010 66.05 .67 .00 .00 .000 .00 .00 HOSPICE SERVICES .00 NONINST BIRTHING CENTERS .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 0 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 .00 RESPIRATORY CARE PRACT. 0 .00 .000 .00 .00 0 .00 .00 .00 PED SUBACUTE REHAB/WEANING .000 .00 ALL OTHER PROVIDERS 55 454.46 8.26 .561 64.92 4.64 .000 \$.00 @CALIF. CHILDREN SERVICES* 0 .00 .00 .00 1,551.67 @XOVER EXCLUDING STATE HOSP** 21 103 15.06 1.051 \$ 73.89 \$ 15.83

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,769
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MARIPOSA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

				 	_						
							MC	TNC	CHLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF	SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS	OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0	.00		.00	.000		.00		.00
OFFICE VISITS	0		0	.00		.00	.000		.00		.00
HOME VISITS	0		0	.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0	.00		.00	.000		.00		.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DD-11-11-11-11-11-11-11-11-11-11-11-11-1	0	0	0.0	0.0	0.00	0.0	0.0
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	n	0	.00	.00	.000	.00	.00
	0	0					
HOSPITAL VISITS	U	U	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
	0	0					
EXAMINATIONS	Ü	Ü	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
PRINCIPAL SURGEON	U	U		.00			
ASSISTANT SURGEON	Ü	Ü	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	Ω	0	.00	.00	.000	.00	.00
	0	0	.00			.00	.00
PRINCIPAL SURGEON	U	U		.00	.000		
ASSISTANT SURGEON	Ü	Ü	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	n	0	.00	.00	.000	.00	.00
	0	0					
PATHOLOGY	Ū	Ü	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
	0	ŭ					
OTHER SERVICES/ALL X-OVERS	U	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	Ō	0	.00	.00	.000	.00	.00
	0						
OUTPATIENTS	Ü	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
	0						
ORAL SURGERY	Ü	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
	0	0					
ENDODONTICS	Ü	Ü	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	Õ	0	.00	.00	.000	.00	.00
•	0	0					
SPACE MAINTAINERS	Ü	Ü	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MON	TH-OF-PAYMENT REP	ORT FOR JAN 2	003 THRU DEC	2003	PAGE 6,770
MOP024	FEE-FOR-SERVICE/	DENTAL					01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVI		EGARD - FAMILIES	DISCONTINU	תשו		01/25/01
MARIFOSA COUNTI	SUMMART OF SERVE	CES FOR TITLE IT DISK	EGAND - PAMILIES	DISCONTINO			
					MONT		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	•	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$		\$.00	.000 \$		\$.00
		•					
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR		0 \$		\$.00	.000 \$		\$.00
		U S	.00	٠.٠٠	ې ٥٥٠٠		·
	0		0.0	0.0	000	0.0	
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	ŭ		.00	.00 .00	.000	.00 .00	.00 .00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
OTHER SERVICES @PODIATRIST	0 0 0	0 0 0 \$.00	.00 \$.00	.000 .000 \$.00	.00 \$.00
OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	0 0 0 0	0 0 0 \$ 0	.00 .00 .00	.00 \$.00 .00	.000 .000 \$.000	.00 .00 .00	.00 \$.00 .00
OTHER SERVICES @PODIATRIST	0 0 0	0 0 0 \$.00	.00 \$.00	.000 .000 \$.00	.00 \$.00

DADIO /DATIIOI OCV	0	0	.00	.00	.000	.00	0.0
RADIO./PATHOLOGY	U	U					.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00 \$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
	MEDI-CAL SERVICES AND EX	PENDITUR	ES MONTH-OF-	-PAYMENT REPO	RT FOR JAN 2	2003 THRU DEC	2003	PAGE	6,771
MOP024	FEE-FOR-SERVICE/DENTAL							01	L/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	TITLE I	I DISREGARD	- FAMILIES	DISCONTING				
						MONT	HLY AVERA	ЭE	

					MON	IHLI AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND I	EXPENDITU	RES MON	TH-OF-PAYMENT RE	EPORT	FOR JAN 2003	THRU	DEC	2003	PAGE	6,772
MOP024	FEE-FOR-SERVICE/DENTAL									01	/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	R TITLE	II DISR	EGARD - FAMILIES	3 :	DISCONTINUED					

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 .00 \$.00 .000 \$.00 \$.00 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 BLOOD BANK .00 .00 .00 .000 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 .00 AMBULANCES/AIR TRANS .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 .00 OTHER SERVICES .00 .00 .000 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .000 .00 .00 .00 .000 PSYCHOLOGIST .00 .00 .00 .00 .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 HOSPICE SERVICES .000 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 LOCAL EDUCATION AGENCIES .00 .000 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 RESPIRATORY CARE PRACT. .00 .000 .00 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS .00 .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 @XOVER EXCLUDING STATE HOSP** .00 .00 .000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR TITLE II	DIS	SREGARD - TOTAL			_				
4.00									HLY AVERA		
190 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
	1.71	OR DAYS OF CARE	_	F1 FF0 F1			PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	171		\$	71,778.51	\$	49.64	7.611			\$	377.78
@PHYSICIANS SERVICES	28		\$	1,280.39	\$	18.29	.368	\$	45.73	\$	6.74
OUTPATIENT VISITS	1	1		45.76		45.76	.005		45.76		.24
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	1	1		45.76		45.76	.005		45.76		.24
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		36.15		36.15	.005		36.15		.19
RADIOLOGY	2	6		66.71		11.12	.032		22.24		.35
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	25	62		1,131.77		18.25	.326		45.27		
OTHER SERVICES/ALL X-OVERS	152		\$	57,369.05	\$			۲,	377.43	4	5.96 301.94
@PHARMACY	152	618	P	-	Ą	78.05 92.31	3.868 3.253	\$	377.43	\$	300.25
PRESCRIPTION DRUGS				57,046.64							
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	152	618		57,046.64		92.31	3.253		375.31		300.25
MEDICAL SUPPLIES	6	117	4	322.41	ė.	2.76	.616	4	53.74	4	1.70
@DENTIST	12		\$	1,689.00	\$	44.45	.200	Ş		\$	8.89
VISITS - DIAGNOSTIC	8	30		286.00		9.53	.158		35.75		1.51
ORAL SURGERY	2	2		130.00		65.00	.011		65.00		.68
DRUGS	Ü	0		.00		.00	.000		.00		.00
ANESTHESIA	U	0		.00		.00	.000		.00		.00
PERIODONTICS	2	2		110.00		55.00	.011		55.00		.58
ENDODONTICS	1	1		215.00		215.00	.005		215.00		1.13
RESTORATIVE DENTISTRY	1	1		48.00		48.00	.005		48.00		. 25
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	2		900.00		450.00	.011		900.00		4.74
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	S MC	ONTH-OF-PAYMENT RE	PORT	FOR JAN	2003 THRU	DEC	2003	PΙ	AGE 6,774
MOP024	FEE-FOR-SERVICE										01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR TITLE II	DIS	SREGARD - TOTAL							
100 8 1018 80									HLY AVERA	GE -	
				DADDMDAMIDEO			TINTERO / DAY				

190 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

@OPTOMETRIST	8	18	\$	305.81	\$	16.99	.095	\$	38.23	\$	1.61
DIAGNOSTIC AND ANC. PROCED	3	3		106.90		35.63	.016		35.63		.56
EYE APPLIANCES	4	11		176.03		16.00	.058		44.01		.93
OTHER OPTOMETRIC SERVICES	2	4	_	22.88		5.72	.021	_	11.44		.12
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES @PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	26	107	\$	5,026.52	\$	46.98	.563	\$	193.33	\$	26.46
HOSP INPATIENT TOTAL	3	11		1,786.80		162.44	.058		595.60		9.40
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	3	11		1,786.80		162.44	.058		595.60		9.40
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	23	96		3,239.72		33.75	.505		140.86		17.05
MEDICAL	1	2		79.43		39.72	.011		79.43		.42
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		19.88		19.88	.005		19.88		.10
RADIOLOGY	2	3		69.27		23.09	.016		34.64		.36
ROOM USE	2	2		64.79		32.40	.011		32.40		.34
CROSSOVERS/ALL OTH OUTPTNT	21 0	88 0	\$	3,006.35 .00	\$	34.16	.463	\$	143.16 .00	ė.	15.82
@COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00 .00	.000		.00		.00
PATHOLOGY RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		RES M	ONTH-OF-PAYMENT RE	EPORT			DEC		PA	GE 6,775
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR TITLE	II DI	SREGARD - TOTAL							
			_				M				
190 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				OST PER
ecomminity incortait monat	26	OR DAYS OF CAR		E 006 F0			PER ELIG		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	26	107	\$	5,026.52	\$	46.98	.563	Ą	193.33	Ą	26.46

COMM HOSP INPATIENT TOTAL 3 11	1,786.80	162.44	.058	595.60	9.40
HSC HOSPITALS 0 0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL 0 0	.00	.00	.000	.00	.00
ACCOMMODATIONS 0 0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS 0 0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE 0 0	.00	.00	.000	.00	.00
ALL OTHER ACCOM 0 0	.00	.00	.000	.00	.00
ANCILLARIES 0 0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS 3 11	1,786.80	162.44	.058	595.60	9.40
ALL OTHER INPATIENT 0 0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL 23 96	3,239.72	33.75	.505	140.86	17.05
MEDICAL 1 2	79.43	39.72	.011	79.43	.42
SURGERY 0 0	.00	.00	.000	.00	.00
PATHOLOGY 1 1	19.88	19.88	.005	19.88	.10
RADIOLOGY 2 3	69.27	23.09	.016	34.64	.36
ROOM USE 2 2	64.79	32.40	.011	32.40	.34

CROSSOVERS/ALL OTH OUTPTNT	21	88		3,006.35		34.16	.463		143.16		15.82
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	8	\$	135.62	\$	16.95	.042	\$	45.21	\$.71
PATHOLOGY	1	6		130.33		21.72	.032		130.33		.69
XO AND OTHERS	2	2		5.29		2.65	.011		2.65		.03
@ORGANIZED OUTPATIENT CLINIC	60	103	\$	4,157.88	\$	40.37	.542	\$	69.30	\$	21.88
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	60	103		4,157.88		40.37	.542		69.30		21.88
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDIT	URES MO	ONTH-OF-PAYMENT RE	PORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 6,776
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	TITLE	II DIS	SREGARD - TOTAL							
							M	ONT	HLY AVERA	GE -	

					MON	IHLY AVERAG	性
190 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	25	367 \$	1,814.24	\$ 4.94	1.932 \$	72.57	\$ 9.55
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	63	102.06	1.62	.332	102.06	.54
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	63	102.06	1.62	.332	102.06	.54
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	3	7	736.00	105.14	.037	245.33	3.87
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	13	155.04	11.93	.068	38.76	.82
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	66.05	66.05	.005	66.05	.35
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	18	283	755.09	2.67	1.489	41.95	3.97
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	56	443	\$ 6,606.14	\$ 14.91	2.332	\$ 117.97	\$ 34.77

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,777 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MARIPOSA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR IN HOME SU	JPPORI - AGED	AID CODE			
					MONT		
485 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	483	41,724 \$	376,771.40	\$ 9.03	86.029 \$	780.07 \$	
@PHYSICIANS SERVICES	77	526 \$	3,519.46	\$ 6.69	1.085 \$	45.71 \$	7.26
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	Ô	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	Ô	Ô	.00	.00	.000	.00	.00
INPATIENT VISITS	Õ	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	
SNF/ICF/TRANS IP CARE	0	0			.000		.00
OPHTHALMOLOGICAL SERVICES	0	-	.00	.00	.000	.00	.00
EXAMINATIONS	U	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	77	526	3,519.46	6.69	1.085	45.71	7.26
@PHARMACY	421	3,013 \$	148,581.16	\$ 49.31	6.212 \$	352.92 \$	
PRESCRIPTION DRUGS	420	1,857	145,341.25	78.27	3.829	346.05	299.67
SNF/ICF	28	215	11,991.36	55.77	.443	428.26	24.72
OUTPATIENTS	395	1,642	133,349.89	81.21	3.386	337.59	274.95
MEDICAL SUPPLIES	29	1,156	3,239.91	2.80	2.384	111.72	6.68
@DENTIST	15	69 \$	4,477.00	\$ 64.88	.142 \$	298.47 \$	
VISITS - DIAGNOSTIC	11	31	479.00	15.45	.064	43.55	.99
ORAL SURGERY	4	21	1,324.00	63.05	.043	331.00	2.73
	0	0	•		.000		
DRUGS	0	0	.00	.00		.00	.00
ANESTHESIA	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	4	13	1,259.00	96.85	.027	314.75	2.60
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	4	1,415.00	353.75	.008	471.67	2.92
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

0 MAXILLOFACIAL SERVICES 0 .00 .00 .000 .00 0 0 .00 .00 .00 FRACTURES, DISLOCATIONS .000 ORTHODONTIC SERVICES 0 0 .00 .00 .000 .00 0 .00 ALL OTHER SERVICES 0 .00 .000 .00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

MOP024 FEE-FOR-SERVICE/DENTAL

AID CODE 18 MARIPOSA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED

.00

.00

.00

.00

PAGE 6,778 01/29/04

MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR	IN HOME	SUPPO	RT - AGED		AID CODE					
								MO	TNC	HLY AVERA	GE	
485 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S (COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	4		9	\$	233.47	\$	25.94	.019	\$	58.37	\$.48
DIAGNOSTIC AND ANC. PROCED	3		3	•	142.35	·	47.45	.006	•	47.45	•	.29
EYE APPLIANCES	2		6		91.12		15.19	.012		45.56		.19
OTHER OPTOMETRIC SERVICES	0		Ő		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	Ġ	.00	Ġ	.00
VISITS	0		0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
	0		0		.00			.000		.00		.00
OTHER SERVICES	30		37	4		4	.00		4		4	
@PODIATRIST				\$	110.74	\$	2.99	.076	Ş	3.69	Ş	. 23
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	30		37		110.74		2.99	.076		3.69		.23
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000		.00	\$.00
NURSE ANESTHESIST	0		0 0	\$.00	\$.00	.000		.00	\$.00
NURSE MIDWIFE	0			\$.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$		\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	83		305	\$	14,874.30	\$	48.77	.629	\$	179.21	\$	30.67
HOSP INPATIENT TOTAL	9		12		7,504.00		625.33	.025		833.78		15.47
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		Ō		.00		.00	.000		.00		.00
ANCILLARIES	0		Ö		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	9		12		7,504.00		625.33	.025		833.78		15.47
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	75		293		7,370.30		25.15	.604		98.27		15.20
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		Ő		.00		.00	.000		.00		.00
PATHOLOGY	0		Ő		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	75		293		7,370.30		25.15	.604		98.27		15.20
@COUNTY HOSPITAL TOTAL	0		293 0	\$.00	Ġ	.00	.000	۲,	.00	Ċ.	.00
	0		0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0									
NON-HSC HOSPITALS TOTAL	U		-		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00

RADIOLOGY 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 ROOM USE .000 .00 .00 0 0 .00 .00 .00 CROSSOVERS/ALL OTH OUTPTNT .000 .00 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,779 #CALIF DEPT OF HEALTH SERV 01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL

MOP024	FEE-FOR-SERVICE/DENT	'AL									01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES	FOR IN HOME	SUPPO	ORT - AGED		AID CODE	18				
								MONT	HLY AVERA	GE	
485 ELIGIBLES	USERS UNIT	S OF SERVICE		EXPENDITURES	AVEF	RAGE COST	UNITS/DA	YS	COST PER		COST PER
		DAYS OF CARE					PER ELI		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	83	305	\$	14,874.30	\$	48.77	.629		179.21	Ś	30.67
COMM HOSP INPATIENT TOTAL	9	12	Ψ	7,504.00	٧	625.33	.025		833.78	٧	15.47
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
	0										
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	9	12		7,504.00		625.33	.025		833.78		15.47
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	75	293		7,370.30		25.15	.604		98.27		15.20
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	Õ		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
	0	0									
RADIOLOGY	U	•		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		293		7,370.30		25.15	.604		98.27		15.20
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	34	1,039	\$	152,688.21	\$	146.96	2.142	\$	4490.83	\$	314.82
LEV A-INTERMEDIATE	0	. 0	•	.00	•	.00	.000		.00	•	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-SOBACOTE HISTEL BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	34										
LEV B-REGULAR		1,039	4	152,688.21		146.96	2.142		4490.83		314.82
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000		.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	т	.00	т.	.00	.000		.00	т	.00
INDEPENDENT FACILITY	Ô	Ő		.00		.00	.000		.00		.00
@LABORATORY FACILITY	Q	31	\$	1,062.77	\$	34.28	.064		132.85	\$	2.19
	0	0	Ą		Ą	.00	.000		.00	Ą	.00
PATHOLOGY	0			.00							
XO AND OTHERS	8	31		1,062.77		34.28	.064		132.85	_	2.19
@ORGANIZED OUTPATIENT CLINIC	154	280	\$	8,783.72	\$	31.37	.577			\$	18.11
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	2	4		214.48		53.62	.008		107.24		.44
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	153	276		8,569.24		31.05	.569		56.01		17.67
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITUR	ES MON		EPORT	FOR JAN	2003 THRIJ	DEC	2003	E	AGE 6,780
MOP024	FEE-FOR-SERVICE/DENT								-	_	01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES		STIPPO	ORT - AGED		AID CODE	18				31,25,01
111111 0011 0001111	Sommer of Shirvices	TOTAL TIN HOPE	SOLEC	71011		1110 CODE		MONTO	א מיידע א דודי	CE.	

----- MONTHLY AVERAGE -----485 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	215	36,415 \$	42,440.57	\$ 1.17	75.082	\$ 197.40	\$ 87.51
DURABLE MED. EQUIP.	7	14	579.02	41.36	.029	82.72	1.19
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	10	13	4,366.18	335.86	.027	436.62	9.00
MEDICAL TRANSPORTATION	15	1,218	4,400.02	3.61	2.511	293.33	9.07
AMBULANCES/AIR TRANS	3	161	882.38	5.48	.332	294.13	1.82
OTHER TRANS	12	1,054	3,478.94	3.30	2.173	289.91	7.17
OTHER SERVICES	1	3	38.70	12.90	.006	38.70	.08
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	4.06	.00	.000	.00	.01
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	65	305	19,790.53	64.89	.629	304.47	40.81
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	12	33	441.86	13.39	.068	36.82	.91
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	6	15	295.31	19.69	.031	49.22	.61
PROSTHETICS	6	15	295.31	19.69	.031	49.22	.61
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4	109.99	27.50	.008	55.00	.23
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	133	34,813	12,453.60	.36	71.779	93.64	25.68
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	208	1,496	\$ 38,791.45	\$ 25.93	3.085	\$ 186.50	\$ 79.98

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,781 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MARIPOSA COUNTY	SUMMARY OF SERV	JICES FOR IN HOME SUPP	ORT - BLIND	AID CODE	28		
					MON	THLY AVERAC	
24 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	22	1,061 \$	30,386.10	\$ 28.64	44.208 \$	1381.19	\$ 1266.09
@PHYSICIANS SERVICES	3	11 \$	576.10	\$ 52.37	.458 \$	192.03	\$ 24.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	11	576.10	52.37	.458	192.03	24.00
@PHARMACY	19	840 \$	12,434.39	\$ 14.80	35.000 \$		•
PRESCRIPTION DRUGS	19	142	11,811.29	83.18	5.917	621.65	492.14
SNF/ICF	3	47	3,345.34	71.18	1.958	1115.11	139.39
OUTPATIENTS	16	95	8,465.95	89.12	3.958	529.12	352.75
MEDICAL SUPPLIES	7	698	623.10	.89	29.083	89.01	25.96
@DENTIST	2	5 \$	160.00	\$ 32.00	.208 \$	80.00	\$ 6.67

VISITS - DIAGNOSTIC	1	2	45.00	22.50	.083	45.00	1.88
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1	55.00	55.00	.042	55.00	2.29
PROSTHETICS	2	2	60.00	30.00	.083	30.00	2.50
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES FEE-FOR-SERVICE/DE	_	ES MONTH-OF-PAYMENT I	REPORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 6,782 01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICE		SUPPORT - BLIND	AID CODE	28		01/25/01
THICH ODIT COUNTY		D 1 010 110 1101111		TIED CODE	MON	THLY AVERA	GE
24 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$		\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$ 6.58	\$ 3.29	.083 \$	3.29	\$.27
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	2	2	6.58	3.29	.083	3.29	.27
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$		\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$		\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	4	8	\$ 1,697.89	\$ 212.24	.333 \$		\$ 70.75
HOSP INPATIENT TOTAL	2	0	1,680.00	.00	.000	840.00	70.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	Ü	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

0

8

0

0

0

0

8

0

0

0

0

3

0

0

0

0

1,680.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

\$

17.89

17.89

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

2.24

2.24

.000

.000

.333

.000

.000

.000

.000

.000

.333

.000

.000

.000

.000

.000

840.00

.00

5.96

.00

.00

.00

.00

.00

5.96

.00

.00

.00

.00

.00

\$

70.00

.00

.75

.00

.00

.00

.00

.00

.75

.00

.00

.00

.00

.00

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

@COUNTY HOSPITAL TOTAL

ACCOMMODATIONS

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPTNT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0								.00
ROOM USE	0	0		.00		.00	.000	.00		
CROSSOVERS/ALL OTH OUTPTNT	U U	0	DEC 140	.00		.00	.000	.00	ъ.	.00
	MEDI-CAL SERVICE FEE-FOR-SERVICE/		KES MO	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2003 THRU D	EC 2003	P	AGE 6,783 01/29/04
MARIPOSA COUNTY S	SUMMARY OF SERVI	CES FOR IN HOME	E SUPI	PORT - BLIND		AID CODE	28			
							MC	NTHLY AVERA	GE ·	
24 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CAR	£		PER	UNIT/DAY	PER ELIG	USER]	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	8	\$	1,697.89	\$	212.24	.333	\$ 424.47	\$	70.75
COMM HOSP INPATIENT TOTAL	2	0		1,680.00		.00	.000	840.00		70.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	2	0		1,680.00		.00	.000	840.00		70.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	3	8		17.89		2.24	.333	5.96		.75
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	3	8		17.89		2.24	.333	5.96		.75
@STATE HOSPITAL	0	0	\$.00	\$.00		\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	1	80	\$	9,562.95	\$	119.54		\$ 9562.95	\$	398.46
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	1	80		9,562.95		119.54	3.333	9562.95		398.46
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOGDIMAL DAGED	^	^		0.0		0.0	000	0.0		0.0

0

\$

\$

HOSPITAL BASED

HOSPITAL BASED

XO AND OTHERS

PATHOLOGY

@LABORATORY FACILITY

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

0

0

0

0

0

0

0

.00

.00

.00

.00

.00

.00

.00

.00

\$

\$

.00

.00

.00

.00

.00

.00

.00

.00

.000

.000

.000

.000

.000

.000

.000 \$

.000 \$

.00

.00

.00 \$

.00

.00

.00

.00

.00

\$

.00

.00

.00

.00

.00

.00

.00

.00

	1.0	1.0		016 10		10 01	500		_	0 00
@ORGANIZED OUTPATIENT CLINIC	10	12	\$	216.49	\$	18.04	.500		Ş	9.02
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	10	12		216.49		18.04	.500	21.65		9.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MON	TH-OF-PAYMENT RI	EPORT	FOR JAN	2003 THRU D	EC 2003	P	AGE 6,784
MOP024	FEE-FOR-SERVICE	/DENTAL								01/29/04
MOP024 MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUPPO	RT - BLIND		AID CODE	28			
							MO	NTHLY AVERA	GE -	
24 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVER	AGE COST	UNITS/DAYS			
21 111011110	05210	OD DAVG OF GARE					PER ELIG	USER		ELIGIBLE
WALL OARED DDUNIDEDG	21	103	\$	5,731.70	\$	- ,	4.292			238.82
DIDADLE MED FOLLD	21	103	Ą	.00	Ą	.00		.00	Ą	.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00 .00 17.20 38.09 6.75	.000	.00		
MEDICAL TRANSPORTATION	∠	9		154.76		17.20	.375	77.38 114.26		6.45
AMBULANCES/AIR TRANS	1	3		114.26		38.09				4.76
OTHER TRANS	1	6		40.50			.250	40.50		1.69
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0 0 9 3 6 0 0 0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	20	65		5,367.56		82.58	2.708	268.38		223.65
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	2	5		59.49		11.90	.208	29.75		2.48
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES*	0	0		.00		.00	.000	29.75 .00 .00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
ORTHOTICS	0	0		.00		.00	.000	.00		.00
DOVOUDI DOTOT	0	0		.00		.00	.000	.00		.00
CDEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGI	0	0		.00		.00	.000	.00		.00
HONTHER DEDUITING GENERAL	0	0								
NONINSI BIRIHING CENTERS	0	0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	U		.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	8	24		149.89		6.25	1.000	18.74		6.25
@CALIF. CHILDREN SERVICES*	0	0	\$.00		.00	.000			.00
@YOAFK FYCTODING STATE HOSE	11	OR DAYS OF CARE 103 0 0 0 0 0 0 0 0 0 0 0 0	\$	2,430.46	\$	54.01	1.875	\$ 220.95	\$	101.27
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	ATE INFORMATION I	TEM ON	LY;						
THE AMOUNTS ARE ALREADY IN	ICLUDED IN THE AP	PROPRIATE DETAIL	LINES	ABOVE.						
** THESE DATA ARE INCLUDED I	N THE APPROPRIAT	E DETAIL LINES AB	OVE.							
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MON	TH-OF-PAYMENT RI	EPORT	FOR JAN	2003 THRU D	EC 2003	PΙ	AGE 6,785
MOP024	FEE-FOR-SERVICE	/DENTAL								01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUPPO	RT - DISABLED		AID CODE	68			. , . , .
							MOI	NTHLY AVERA	GE -	
359 ELIGIBLES	USERS 344 76	UNITS OF SERVICE		EXPENDITURES	AVEL	AGE COST				COST PER
337 11101110	00210	OR DAYS OF CARE					PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	341	49,701	\$	260,748.42		5.25	138.443			726.32
@PHYSICIANS SERVICES	76	306	\$ \$	7,521.21	\$	24.58	.852	\$ 98.96		20.95
OTTEDATTENT VICTES	76	10	Ą	/,5 <u>Z</u> 1.Z1		24.30		90.90 47.02		

10

3

0

0

0

5

1

3

2

0

0

3

335.51

112.95

154.96

64.69

67.60

.00

.00

.00

33.55

22.53

56.48

30.99

64.69

.00

.00

.00

.028

.008

.000

.006

.000

.000

.014

.003

47.93

22.53

56.48

.00

51.65

64.69

.00

.00

.93

.19

.00

.31

.00

.00

.43

.18

OUTPATIENT VISITS

OFFICE VISITS

EMERGENCY ROOM

PREVENTIVE CARE

OTHER OUTPATIENT

OB VISITS/COMPRE PERI

HOME VISITS

INPATIENT VISITS

.00
.00
.00
.00
.00
3.97
4.35
.00
.38CR
2.15
1.88
.00
.26
.00
5.06
3.5 4.5 2.5 1.8

RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY	12 0 0 61 287 281 5 279 24 15 11	16 0 0 251 2,517 \$ 1,654 29 1,625 863 62 \$ 36 14	314.21 .00 .00 2,794.65 140,797.12 139,323.53 1,742.37 137,581.16 1,473.59 4,771.00 593.00 1,056.00	19.64 .00 .00 11.13 \$ 55.94 84.23 60.08 84.67 1.71 \$ 76.95 16.47 75.43	.045 .000 .000 .699 7.011 \$ 4.607 .081 4.526 2.404 .173 \$.100	26.18 .00 .00 45.81 490.58 495.81 348.47 493.12 61.40 318.07 53.91 352.00	.88 .00 .00 7.78 \$ 392.19 388.09 4.85 383.23 4.10 \$ 13.29 1.65 2.94
DRUGS ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES	0 0 0 2 2 0	0 0 0 3 7 0 2	.00 .00 .00 920.00 1,302.00 .00 900.00	.00 .00 .00 306.67 186.00 .00 450.00	.000 .000 .000 .008 .019 .000	.00 .00 .00 460.00 651.00 .00 900.00	.00 .00 .00 2.56 3.63 .00 2.51
SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 0 0 0 0 0 MEDI-CAL SERVIC FEE-FOR-SERVICE	0 0 0 0 0 ES AND EXPENDITURES M	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 2003 THRU DEC	.00 .00 .00 .00 .00	.00 .00 .00 .00 .00 PAGE 6,786 01/29/04
MARIPOSA COUNTY 359 ELIGIBLES		ICES FOR IN HOME SUP UNITS OF SERVICE	PORT - DISABLED EXPENDITURES	AID CODE	MONT UNITS/DAYS	COST PER	GE COST PER
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	2 1 2	OR DAYS OF CARE 7 \$ 1 6 0	128.31 47.45 80.86	PER UNIT/DAY \$ 18.33 47.45 13.48 .00	.019 \$.003 .017	USER 64.16 47.45 40.43 .00	\$.36 .13 .23
@CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	0 0 0 0 12	0 \$ 0 0 0 17 \$.00 .00 .00 .00 261.86	\$.00 .00 .00 \$ 15.40	.000 \$.000 .000 .047 \$.00 .00 .00 21.82	\$.00 .00 .00 \$.73
MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	0 0 0 12	0 0 0 17	.00 .00 .00 261.86	.00 .00 .00 15.40	.000 .000 .000	.00 .00 .00 21.82	.00 .00 .00 .73
@HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	1 2 0 0 1 59	1 \$ 15 \$ 0 \$ 0 \$ 1 \$ 576 \$	74.86 42.36 .00 .00 2.73	\$ 74.86 \$ 2.82 \$.00 \$.00 \$ 2.76	.003 \$.042 \$.000 \$.000 \$.003 \$	74.86 21.18 .00 .00 2.76	\$.21 \$.12 \$.00 \$.00 \$.01
@TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	8 1 0 0 0	99 6 0 0 0	24,059.33 17,306.27 6,948.00 .00 .00	\$ 41.77 174.81 1158.00 .00 .00	1.604 \$.276 .017 .000 .000 .000	407.79 2163.28 6948.00 .00 .00	\$ 67.02 48.21 19.35 .00 .00 .00
ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL	0 0 7 0 52 13	0 0 93 0 477 199	.00 .00 10,358.27 .00 6,753.06 1,177.74	.00 .00 111.38 .00 14.16 5.92	.000 .000 .259 .000 1.329	.00 .00 1479.75 .00 129.87 90.60	.00 .00 28.85 .00 18.81 3.28

SURGERY	2	2	154.36	77.18	.006	77.18	.43
PATHOLOGY	8	58	674.13	11.62	.162	84.27	1.88
RADIOLOGY	7	8	364.22	45.53	.022	52.03	1.01
ROOM USE	12	21	920.16	43.82	.058	76.68	2.56
CROSSOVERS/ALL OTH OUTPINT	43	189	3,462.45	18.32	.526	80.52	9.64
	4						
@COUNTY HOSPITAL TOTAL	-	46 \$	830.02	\$ 18.04	.128 \$	207.51	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT CROSSOVERS	0	U	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	46	830.02	18.04	.128	207.51	2.31
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	2.07CR		.000	.00	.01CR
CROSSOVERS/ALL OTH OUTPINT	4	46	832.09	18.09	.128	208.02	2.32
		ES AND EXPENDITURES MON					PAGE 6,787
			IH-OF-PAIMENI RE	PORT FOR UAN 2	ZUUS IRKU DEC	. 2003	
	FEE-FOR-SERVICE	•	DE DIGIDIED	1.TD G0DT	60		01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR IN HOME SUPPO	RT - DISABLED	AID CODE			
					MONT		
359 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	56	530 \$	23,229.31	\$ 43.83	1.476 \$	414.81	\$ 64.71
COMM HOSP INPATIENT TOTAL	8	99	17,306.27	174.81	.276	2163.28	48.21
HSC HOSPITALS	1	6	6,948.00	1158.00	.017	6948.00	19.35
NON-HSC HOSPITALS TOTAL	<u> </u>	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	Ô	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0					
ALL OTHER ACCOM	0	U	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	7	93	10,358.27	111.38	.259	1479.75	28.85
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	49	431	5,923.04	13.74	1.201	120.88	16.50
MEDICAL	13	199	1,177.74	5.92	.554	90.60	3.28
SURGERY	2	2	154.36	77.18	.006	77.18	.43
PATHOLOGY	8	58	674.13	11.62	.162	84.27	1.88
RADIOLOGY	7	8	364.22	45.53	.022	52.03	1.01
ROOM USE	12	21	922.23	43.92	.058	76.85	2.57
	39		2,630.36				
CROSSOVERS/ALL OTH OUTPTNT		143		18.39	.398	67.45	7.33
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	•
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	9	179 \$	46,094.72	\$ 257.51	.499 \$	5121.64	\$ 128.40
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	Ö	.00	.00	.000	.00	.00
LEV B SOBACOTE HISTER BASED LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	9	179	46,094.72	257.51			128.40
LEV B-REGULAR	9	1/9	46,094.72	257.51 ¢ 00	.499	5121.64	128.40

0 0 0

0

0

0

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

.00 \$

.00

.00

.00

.000

.000

.00

.00

.000 \$.00 \$

.00

.00

.00

ICF DDN/DDCN	0	0		.00		.00	.000	.0)	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.0) \$.00
HOSPITAL BASED	0	0	•	.00	·	.00	.000	.0		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.0)	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.0) \$.00
HOSPITAL BASED	0	0		.00		.00	.000	.0)	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.0)	.00
@LABORATORY FACILITY	4	19	\$	156.99	\$	8.26	.053	\$ 39.2	5 \$. 44
PATHOLOGY	3	18		154.50		8.58	.050	51.5)	.43
XO AND OTHERS	1	1		2.49		2.49	.003	2.4	9	.01
@ORGANIZED OUTPATIENT CLINIC	124	238	\$	15,412.12	\$	64.76	.663	\$ 124.2	9 \$	42.93
CLINIC	5	20		426.76		21.34	.056	85.3	5	1.19
SURGICENTER	0	0		.00		.00	.000	.0)	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.0)	.00
RURAL HEALTH CLINIC	122	218		14,985.36		68.74	.607	122.8		41.74
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES M	ONTH-OF-PAYMENT R	EPORT	FOR JAN	2003 THRU 1	DEC 2003		PAGE 6,788
MOP024	FEE-FOR-SERVICE/DENTA	L								01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES F	OR IN HOME	SUP	PORT - DISABLED		AID CODE	68			
							Mo	ONTHLY AVE	RAGE	
359 ELIGIBLES		OF SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAY:		2	COST PER
		AYS OF CARE			PER	UNIT/DAY	PER ELIG			ELIGIBLE
@ALL OTHER PROVIDERS	96	45,763	\$	21,425.78	\$.47	127.474			
DURABLE MED. EQUIP.	10	19		4,119.60		216.82	.053	411.9		11.48
BLOOD BANK	0	0		.00		.00	.000	.0		.00
HEARING AID DISPENSERS	1	1		25.00		25.00	.003	25.0)	.07

359 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	96	45,763 \$	21,425.78	\$.47	127.474 \$	223.19	\$ 59.68
DURABLE MED. EQUIP.	10	19	4,119.60	216.82	.053	411.96	11.48
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	25.00	25.00	.003	25.00	.07
MEDICAL TRANSPORTATION	9	391	1,267.23	3.24	1.089	140.80	3.53
AMBULANCES/AIR TRANS	3	44	435.81	9.90	.123	145.27	1.21
OTHER TRANS	5	270	792.45	2.94	.752	158.49	2.21
OTHER SERVICES	1	77	38.97	.51	.214	38.97	.11
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	15	188.16	12.54	.042	31.36	.52
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	1CR	22.38CR	22.38	.003CR	11.19CR	.06CR
PROSTHETICS	1	2CR	66.46CR	33.23	.006CR	66.46CR	.19CR
ORTHOTICS	1	1	44.08	44.08	.003	44.08	.12
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3	164.15	54.72	.008	164.15	.46
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	83	45,335	15,684.02	.35	126.281	188.96	43.69
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	131	2,389 \$	36,605.61	\$ 15.32	6.655 \$	279.43	\$ 101.97

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,789 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MARIPOSA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

@TOTAL, ALL PROVIDERS	849	92,486 \$	667,905.92	\$ 7.22	106.551 \$	786.70	\$ 769.48
@PHYSICIANS SERVICES	156	843 \$	11,616.77	\$ 13.78	.971 \$	74.47	
OUTPATIENT VISITS	7	10	335.51	33.55	.012	47.93	.39
OFFICE VISITS	3	3	67.60	22.53	.003	22.53	.08
	0						
HOME VISITS	U	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	112.95	56.48	.002	56.48	.13
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	5	154.96	30.99	.006	51.65	.18
INPATIENT VISITS	1	1	64.69	64.69	.001	64.69	.07
HOSPITAL VISITS	1	1	64.69	64.69	.001	64.69	.07
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
	_	0					
SNF/ICF/TRANS IP CARE	0	U	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	1CR	1,424.46	1424.46CR	.001CR	474.82	1.64
PRINCIPAL SURGEON	3	4	1,560.50	390.13	.005	520.17	1.80
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	5CR	136.04CF		.006CR	.00	.16CR
	3	6					
OUTPATIENT SURGERY	3		770.48	128.41	.007	256.83	.89
PRINCIPAL SURGEON	2	2	676.47	338.24	.002	338.24	.78
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4	94.01	23.50	.005	94.01	.11
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	23	1,817.21	79.01	.026	605.74	2.09
RADIOLOGY	12	16	314.21	19.64	.018	26.18	.36
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	141	788	6,890.21	8.74	.908	48.87	7.94
@PHARMACY	727	6,370 \$	301,812.67	\$ 47.38	7.339 \$	415.15	
PRESCRIPTION DRUGS	720	3,653	296,476.07	81.16	4.209	411.77	341.56
SNF/ICF	36	291	17,079.07	58.69	.335	474.42	19.68
OUTPATIENTS	690	3,362	279,397.00	83.10	3.873	404.92	321.89
MEDICAL SUPPLIES	60	2,717	5,336.60	1.96	3.130	88.94	6.15
	32		9,408.00			294.00	
@DENTIST		·		·	·		
VISITS - DIAGNOSTIC	23	69	1,117.00	16.19	.079	48.57	1.29
ORAL SURGERY	7	35	2,380.00	68.00	.040	340.00	2.74
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	3	920.00	306.67	.003	460.00	1.06
RESTORATIVE DENTISTRY	7	21	2,616.00	124.57	.024	373.71	3.01
PROSTHETICS	2	2	60.00	30.00	.002	30.00	.07
DENTURES, STAYPLATES	4	6	2,315.00	385.83	.007	578.75	2.67
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
	· ·	· ·	.00	.00			
ALL OTHER SERVICES	0	0					.00
#CALIF DEPT OF HEALTH SERV			ONTH-OF-PAYMENT RI	EPORT FOR JAN 2	2003 THRU DEC	2003	
MOP024	FEE-FOR-SERVICE						01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	VICES FOR IN HOME SUP	PORT - TOTAL				
					MONT		
868 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				
		OR DAYS OF CARE		PER UNIT/DAY		USER	
@OPTOMETRIST	6	16 \$	361.78	\$ 22.61	.018 \$	60.30	\$.42
DIAGNOSTIC AND ANC. PROCED	4	4	189.80	47.45 14.33	.005	47.45	.22
EYE APPLIANCES	4	12	171.98	14.33	.014	43.00	.20
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00

@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	44	56	\$ 379.18	\$ 6.77	.065	\$ 8.62	\$.44
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	44	56	379.18	6.77	.065	8.62	.44
@HOME HEALTH AGENCY	1	1	\$ 74.86	\$ 74.86	.001	\$ 74.86	\$.09
NURSE ANESTHESIST	2	15	\$ 42.36	\$ 2.82	.017	\$ 21.18	\$.05
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$ 2.76	\$ 2.76	.001	\$ 2.76	\$.00
@TOTAL HOSPITAL	146	889	\$ 40,631.52	\$ 45.70	1.024	\$ 278.30	\$ 46.81
HOSP INPATIENT TOTAL	19	111	26,490.27	238.65	.128	1394.22	30.52
HSC HOSPITALS	1	6	6,948.00	1158.00	.007	6948.00	8.00

NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	18	105		19,542.27	186.12	.121	1085.68	22.51
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	130	778		14,141.25	18.18	.896	108.78	16.29
MEDICAL	13	199		1,177.74	5.92	.229	90.60	1.36
SURGERY	2	2		154.36	77.18	.002	77.18	.18
PATHOLOGY	8	58		674.13	11.62	.067	84.27	.78
RADIOLOGY	7	8		364.22	45.53	.009	52.03	.42
ROOM USE	12	21		920.16	43.82	.024	76.68	1.06
CROSSOVERS/ALL OTH OUTPTNT	121	490		10,850.64	22.14	.565	89.67	12.50
@COUNTY HOSPITAL TOTAL	4	46	\$	830.02	\$ 18.04	.053	\$ 207.51	\$.96
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	46		830.02	18.04	.053	207.51	.96
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		2.07CR	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	46		832.09	18.09	.053	208.02	.96
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURE	S MON	TH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU I	DEC 2003	PAGE 6,791
MOP024	FEE-FOR-SERVICE	DENTAL						01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVI	CES FOR IN HOME	SUPPO	RT - TOTAL				
						MC	ONTHLY AVERA	GE
868 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	COST PER

					1101	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	01
868 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	143	843 \$	39,801.50	\$ 47.21	.971 \$	278.33	\$ 45.85
COMM HOSP INPATIENT TOTAL	19	111	26,490.25	238.65	.128	1394.22	30.52
HSC HOSPITALS	1	6	6,948.00	1158.00	.007	6948.00	8.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	18	105	19,542.27	186.12	.121	1085.68	22.51
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	127	732	13,311.23	18.18	.843	104.81	15.34
MEDICAL	13	199	1,177.74	5.92	.229	90.60	1.36
SURGERY	2	2	154.36	77.18	.002	77.18	.18
PATHOLOGY	8	58	674.13	11.62	.067	84.27	.78
RADIOLOGY	7	8	364.22	45.53	.009	52.03	.42
ROOM USE	12	21	922.23	43.92	.024	76.85	1.06
CROSSOVERS/ALL OTH OUTPTNT	117	444	10,018.55	22.56	.512	85.63	11.54
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00

@NURSING FACILITY	44	1,298	\$	208,345.88	\$	160.51	1.495	\$	4735.13	\$	240.03
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	44	1,298		208,345.88		160.51	1.495		4735.13		240.03
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	12	50	\$	1,219.76	\$	24.40	.058	\$	101.65	\$	1.41
PATHOLOGY	3	18		154.50		8.58	.021		51.50		.18
XO AND OTHERS	9	32		1,065.26		33.29	.037		118.36		1.23
@ORGANIZED OUTPATIENT CLINIC	288	530	\$	24,412.33	\$	46.06	.611	\$	84.77	\$	28.12
CLINIC	5	20		426.76		21.34	.023		85.35		.49
SURGICENTER	2	4		214.48		53.62	.005		107.24		.25
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	285	506		23,771.09		46.98	.583		83.41		27.39
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		JRES M	IONTH-OF-PAYMENT F	REPOR'	r for Jan	2003 THRU	DEC	2003	PI	AGE 6,792
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FO	OR IN HOM	E SUF	PPORT - TOTAL							
							M	ONT	HLY AVERA	GE ·	

868 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST		COST PER	.01	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	:	ELIGIBLE
@ALL OTHER PROVIDERS	332	82,281	\$	69,598.05	\$.85	94.794	\$ 209.63	\$	80.18
DURABLE MED. EQUIP.	17	33		4,698.62	142.38	.038	276.39		5.41
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	11	14		4,391.18	313.66	.016	399.20		5.06
MEDICAL TRANSPORTATION	26	1,618		5,822.01	3.60	1.864	223.92		6.71
AMBULANCES/AIR TRANS	7	208		1,432.45	6.89	.240	204.64		1.65
OTHER TRANS	18	1,330		4,311.89	3.24	1.532	239.55		4.97
OTHER SERVICES	2	80		77.67	.97	.092	38.84		.09
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		4.06	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	85	370		25,158.09	67.99	.426	295.98		28.98
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	20	53		689.51	13.01	.061	34.48		.79
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	8	14		272.93	19.50	.016	34.12		.31
PROSTHETICS	7	13		228.85	17.60	.015	32.69		.26
ORTHOTICS	1	1		44.08	44.08	.001	44.08		.05
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	3	7		274.14	39.16	.008	91.38		.32
HOSPICE SERVICES	0	0		.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	224	80,172		28,287.51	.35	92.364	126.28		32.59
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 350 3,930 \$ 77,827.52 \$ 19.80 4.528 \$ 222.36 \$ 89.66

PAGE 6,793

----- MONTHLY AVERAGE -----

01/29/04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

MARIPOSA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

1,435 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,226	57,288 \$	637,072.99	\$ 11.12	39.922 \$	519.64	\$ 443.95
@PHYSICIANS SERVICES	177	848 \$	6,824.94	\$ 8.05	.591 \$	38.56	\$ 4.76
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.001	46.44	.03
EXAMINATIONS	1	1	46.44	46.44	.001	46.44	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	177	847	6,778.50	8.00	.590	38.30	4.72
@PHARMACY	1,041	8,309 \$		\$ 36.93	5.790 \$	294.78	
PRESCRIPTION DRUGS	1,038	4,157	301,299.40	72.48	2.897	290.27	209.96
SNF/ICF	39	313	16,942.25	54.13	.218	434.42	11.81
OUTPATIENTS	1,004	3,844	284,357.15	73.97	2.679	283.22	198.16
MEDICAL SUPPLIES	61	4,152	5,570.17	1.34	2.893	91.31	3.88
@DENTIST	45	177 \$	8,877.00	\$ 50.15	.123 \$	197.27	•
VISITS - DIAGNOSTIC	26 5	92	1,159.00	12.60	.064	44.58	.81
ORAL SURGERY	0	24 0	1,324.00	55.17	.017 .000	264.80	.92
DRUGS	0	0	.00	.00		.00	.00
ANESTHESIA	2	2	.00 110.00	.00 55.00	.000 .001	.00 55.00	.00
PERIODONTICS	2	2		237.50		237.50	.08
ENDODONTICS	14	48	475.00 4,079.00	84.98	.001 .033	291.36	.33 2.84
RESTORATIVE DENTISTRY	0	0	4,079.00	.00	.000	.00	.00
PROSTHETICS	0	9	1,730.00	192.22	.006	216.25	1.21
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
THE OTHER DEKATORD	0	U	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

PAGE 6,794

01/29/04

MARIPOSA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

MARIPOSA COUNTY	SUMMARY OF SERV	TICES FOR PUBLIC AS	SISTANCE - AGED				_
1 435 57 77 77 77					MONTE	-	
1,435 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	28	76 \$		\$ 21.41	.053 \$	58.12 \$	
DIAGNOSTIC AND ANC. PROCED	14	14	628.85	44.92	.010	44.92	. 44
EYE APPLIANCES	18	48	748.90	15.60	.033	41.61	.52
OTHER OPTOMETRIC SERVICES	7	14	249.51	17.82	.010	35.64	.17
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	36	43 \$	128.64	\$ 2.99	.030 \$	3.57	.09
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	36	43	128.64	2.99	.030	3.57	.09
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00 \$	
NURSE ANESTHESIST	1	2 \$	13.26	\$ 6.63	.001 \$	13.26	
	1	2 Ş 0 \$.00	·	.000 \$		
NURSE MIDWIFE	0	0 \$ 0 \$		\$.00	·		
PEDIATRIC NURSE PRACTITIONER	0		.00	\$.00	.000 \$.00 \$	
FAMILY NURSE PRACTITIONER	-	0 \$.00	\$.00	.000 \$.00 \$	
@TOTAL HOSPITAL	167	657 \$	30,844.59	\$ 46.95	.458 \$	184.70 \$	
HOSP INPATIENT TOTAL	20	47	15,865.65	337.57	.033	793.28	11.06
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	20	47	15,865.65	337.57	.033	793.28	11.06
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	151	610	14,978.94	24.56	.425	99.20	10.44
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	65.66	65.66	.001	65.66	.05
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	ŭ	609	14,913.28	24.49	.424	99.42	10.39
@COUNTY HOSPITAL TOTAL	4	18 \$		\$ 21.16	.013 \$	95.21 \$	
CO HOSPITAL INPATIENT TOTAL		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
ACCOMMODATIONS	0	0		.00			
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	U	U	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	18	380.82	21.16	.013	95.21	.27
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	18	380.82	21.16	.013	95.21	.27
#CALIF DEPT OF HEALTH SERV	-		MONTH-OF-PAYMENT RE				PAGE 6,795
				511 5111 2			0,

					MO	NTHIV AVERA	CF	
USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY				COST PER ELIGIBLE
163	639	\$	30,463.77	\$ 47.67	.445	\$ 186.89	\$	21.23
20	47		15,865.65	337.57	.033	793.28		11.06
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
20	47		15,865.65	337.57	.033	793.28		11.06
0	0		.00	.00	.000	.00		.00
	163	OR DAYS OF CARE 163 639	OR DAYS OF CARE 163 639 \$	OR DAYS OF CARE 163 639 \$ 30,463.77 20 47 15,865.65 0 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 20 47 15,865.65	OR DAYS OF CARE 163 639 30,463.77 20 47 15,865.65 337.57 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE 163 639 \$ 30,463.77 \$ 47.67 .445 20 47 15,865.65 337.57 .033 0 0 0 .00 .00 .00 .00 0 0 0 .00 .00 .00	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES PER UNIT/DAY AVERAGE COST UNITS/DAYS PER ELIG COST PER PER UNIT/DAY 163 639 \$ 30,463.77 \$ 47.67 .445 \$ 186.89 20 47 15,865.65 337.57 .033 793.28 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00	USERS UNITS OF SERVICE OR DAYS OF CARE 163 639 \$ 30,463.77 \$ 47.67 .445 \$ 186.89 \$ 20 47 15,865.65 337.57 .033 793.28 0 0 0 0 .00 .00 .00 .00 0 0 0 .00 .00

COMM HOSP OUTPATIENT TOTAL	147	592		14,598.12		24.66	.413		99.31		10.17
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	1		65.66		65.66	.001		65.66		.05
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	146	591		14,532.46		24.59	.412		99.54		10.13
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	42	1,278	\$	194,424.79	\$	152.13	.891	\$	4629.16	\$	135.49
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	42	1,278		194,424.79		152.13	.891		4629.16		135.49
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	1	\$	244.05	\$	244.05	.001	\$	244.05	\$.17
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	1		244.05		244.05	.001		244.05		.17
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	13	36	\$	1,086.97	\$	30.19	.025	\$	83.61	\$.76
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	13	36		1,086.97		30.19	.025		83.61		.76
@ORGANIZED OUTPATIENT CLINIC	390	709	\$	20,980.02	\$	29.59	.494	\$	53.79	\$	14.62
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	5	7		457.77		65.40	.005		91.55		.32
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	387	702		20,522.25		29.23	.489		53.03		14.30
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDIT	JRES I	MONTH-OF-PAYMENT RI	EPOR:	r for Jan 2003	THRU	DEC	2003	PI	AGE 6,796
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	R PUBLIC	C ASS	ISTANCE - AGED							

THICH OBLICOUNT	DOMINITAL OF DELL	VICED TON TODELE MODEL	7171100				
					MON	THLY AVERAG	E
1,435 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	397	45,152 \$	65,151.90	\$ 1.44	31.465 \$	164.11	\$ 45.40
DURABLE MED. EQUIP.	7	14	579.02	41.36	.010	82.72	.40
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	18	24	7,674.10	319.75	.017	426.34	5.35
MEDICAL TRANSPORTATION	22	1,321	5,072.63	3.84	.921	230.57	3.53
AMBULANCES/AIR TRANS	5	165	1,103.80	6.69	.115	220.76	.77
OTHER TRANS	15	1,113	3,784.13	3.40	.776	252.28	2.64
OTHER SERVICES	4	43	184.70	4.30	.030	46.18	.13
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	4.06	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	95	394	27,660.97	70.21	.275	291.17	19.28
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	41	106	2,310.88	21.80	.074	56.36	1.61
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	7	19	341.29	17.96	.013	48.76	.24
PROSTHETICS	7	19	341.29	17.96	.013	48.76	.24
ORTHOTICS	0	0	.00	.00	.000	.00	.00

PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	13	1,124.69	86.51	.009	160.67	.78
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	253	43,261	20,384.26	.47	30.147	80.57	14.21
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	475	3,888	\$ 66,720.06	\$ 17.16	2.709	\$ 140.46	\$ 46.49

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 6,797

01/29/04

MARIPOSA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

							M	ONT	HLY AVERA	GE.	
145 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE	COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PER UNI	T/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	116	14,182	\$	99,627.44	\$ 7	.02	97.807	\$	858.86	\$	687.09
@PHYSICIANS SERVICES	17	32	\$	2,187.42	\$ 68	.36	.221	\$	128.67	\$	15.09
OUTPATIENT VISITS	4	4		197.06	49	.27	.028	-	49.27	-	1.36
OFFICE VISITS	3	3		145.80	48	.60	.021		48.60		1.01
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	1	1		51.26		.26	.007		51.26		.35
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	2	3		102.80		.27	.021		51.40		.71
EXAMINATIONS	2	3		102.80		.27	.021		51.40		.71
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	1	1		186.15	186		.007		186.15		1.28
PRINCIPAL SURGEON	1	1		186.15	186		.007		186.15		1.28
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	Ô		.00		.00	.000		.00		.00
PATHOLOGY	0	Ô		.00		.00	.000		.00		.00
RADIOLOGY	3	3		988.94	329		.021		329.65		6.82
PSYCHIATRY	0	0		.00	32)	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	Ö		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	9	21		712.47		.93	.145		79.16		4.91
@PHARMACY	92		\$	46,383.15		.85	83.103	¢		Ś	319.88
PRESCRIPTION DRUGS	92	526	Ÿ	42,207.48		.24	3.628	Ÿ	458.78	Ÿ	291.09
SNF/ICF	3	47		3,345.34		.18	.324		1115.11		23.07
OUTPATIENTS	89	479		38,862.14		.13	3.303		436.65		268.01
MEDICAL SUPPLIES	20	11,524		4,175.67		.36	79.476		208.78		28.80
@DENTIST	9	•	\$	1,779.25		.48	.276	ė.	197.69	بے	12.27
VISITS - DIAGNOSTIC	6	23	Ą	410.00		.83	.159	Ą	68.33	Ą	2.83
ORAL SURGERY	1	1		45.00		.00	.159		45.00		.31
DRUGS	U	0		.00	45	.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
TINESTA	U	U		.00		.00	.000		.00		.00

PERIODONTICS	1	2	400.00	200.00	.014	400.00	2.76
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	4	184.00	46.00	.028	92.00	1.27
PROSTHETICS	2	2	60.00	30.00	.014	30.00	.41
DENTURES, STAYPLATES	2	6	434.16	72.36	.041	217.08	2.99
SPACE MAINTAINERS	1	1	120.00	120.00	.007	120.00	.83
MAXILLOFACIAL SERVICES	1	1	126.09	126.09	.007	126.09	.87
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES N	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 6,798
MOP024	FEE-FOR-SERVICE/DENTA	Ĺ					01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FO	OR PUBLIC ASSI	STANCE - BLIND				
					MONTH	TIT 37 A TITE A C	T 17

MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	PUBLI	C ASSIS	TANCE - BLIND						
							M		GE.	
145 ELIGIBLES	USERS UNITS O	F SERVI	CE	EXPENDITURES			UNITS/DAY	COST PER		COST PER
	OR DAY	S OF CA	ARE		PEF		PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	3	5	\$	137.75	\$	27.55	.034	\$ 45.92	\$.95
DIAGNOSTIC AND ANC. PROCED	2	2		94.90		47.45	.014	47.45		.65
EYE APPLIANCES	1	3		42.85		14.28	.021	42.85		.30
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	3	5	\$	59.53	\$	11.91	.034	\$ 19.84	\$.41
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	3	5		59.53		11.91	.034	19.84		.41
@HOME HEALTH AGENCY	6	740	\$	21,859.52	\$	29.54	5.103	\$ 3643.25	\$	150.76
NURSE ANESTHESIST	1	8	\$	136.87	\$	17.11	.055	\$ 136.87	\$.94
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	22	49	\$	3,088.21	\$	63.02	.338	\$ 140.37	\$	21.30
HOSP INPATIENT TOTAL	3	4		2,520.00		630.00	.028	840.00		17.38
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	3	4		2,520.00		630.00	.028	840.00		17.38
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	20	45		568.21		12.63	.310	28.41		3.92
MEDICAL	4	4		96.66		24.17	.028	24.17		.67
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	6	15		141.41		9.43	.103	23.57		.98
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	2	2		62.00		31.00	.014	31.00		.43
CROSSOVERS/ALL OTH OUTPINT	11	24		268.14		11.17	.166	24.38		1.85
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	Û		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES N	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 6,799
MOP024	FEE-FOR-SERVICE/DENT	AL					01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES	FOR PUBLIC ASSI	ISTANCE - BLIND				

MARIPOSA COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC	ASSIS	STANCE - BLIND							
							Mo				
145 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY:	_			COST PER
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	22	49	\$	3,088.21		63.02		\$	140.37	\$	
COMM HOSP INPATIENT TOTAL	3	4		2,520.00	6	30.00	.028		840.00		17.38
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	3	4		2,520.00	6	30.00	.028		840.00		17.38
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	20	45		568.21		12.63	.310		28.41		3.92
MEDICAL	4	4		96.66		24.17	.028		24.17		.67
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	6	15		141.41		9.43	.103		23.57		.98
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	2		62.00		31.00	.014		31.00		.43
CROSSOVERS/ALL OTH OUTPTNT		24		268.14		11.17	.166		24.38		1.85
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	۲,	.00	ė,	.00
MENTALLY ILL	0	0	Ą		Ą		.000	Ą	.00	Ą	.00
	0	0		.00		.00	.000				
DEVELOP. DISABLED	0		d	.00		.00		4	.00	4	.00
@NURSING FACILITY	1	80	\$	9,562.95	\$ 1	19.54	.552	Ş	9562.95	Ş	65.95
LEV A-INTERMEDIATE	U	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	80		9,562.95		19.54	.552		9562.95		65.95
@INTERMEDIATE CARE FACILDD	0	0	\$		\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$		\$.00	.000	\$.00		.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$		\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	32	\$	397.62	\$	12.43	.221	\$	66.27	\$	2.74
PATHOLOGY	5	29		386.85		13.34	.200		77.37		2.67
XO AND OTHERS	1	3		10.77		3.59	.021		10.77		.07
@ORGANIZED OUTPATIENT CLINIC	28	35	\$	2,044.96	\$	58.43	.241	\$	73.03	\$	14.10
CLINIC	0	0	•	.00	•	.00	.000	•	.00		.00
SURGICENTER	1	5		283.08		56.62	.034		283.08		1.95
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00

RURAL HEALTH CLINIC	27	30	1,761.88	58.73	.207	65.25	12.15
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 6,800
MOP024	FEE-FOR-SERVICE/DENTAL	Ĺ					01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FO	OR PUBLIC ASS	SISTANCE - BLIND				

					MON	THLY AVERA	GE
145 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	34	1,106 \$	11,990.21	\$ 10.84	7.628 \$	352.65	\$ 82.69
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	10	243.41	24.34	.069	81.14	1.68
AMBULANCES/AIR TRANS	2	4	202.91	50.73	.028	101.46	1.40
OTHER TRANS	1	6	40.50	6.75	.041	40.50	.28
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	20	65	5,367.56	82.58	.448	268.38	37.02
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	7	84.35	12.05	.048	28.12	.58
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	4	780.82	195.21	.028	260.27	5.38
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	8	978	4,865.21	4.97	6.745	608.15	33.55
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	42	648.86	15.45	.290	64.89	4.47
@CALIF. CHILDREN SERVICES*	3	147	\$ 1,250.39	\$ 8.51	1.014	•	\$ 8.62
@XOVER EXCLUDING STATE HOSP**	38	7,631	\$ 5,249.56	\$.69	52.628	\$ 138.15	\$ 36.20

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 6,801

01/29/04

MARIPOSA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

MARIPUSA COUNTY	SUMMARY OF SER	VICES FOR PUBLIC	ASSIS	IANCE - DISABLED				
						MOI		-
4,292 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	3,659	169,943	\$	2,593,835.40	\$ 15.26	39.595		•
@PHYSICIANS SERVICES	884	3,679	\$	134,982.06	\$ 36.69	.857	152.69	\$ 31.45
OUTPATIENT VISITS	225	298		13,704.50	45.99	.069	60.91	3.19
OFFICE VISITS	135	184		7,381.52	40.12	.043	54.68	1.72
HOME VISITS	1	1		68.62	68.62	.000	68.62	.02
EMERGENCY ROOM	61	68		4,550.05	66.91	.016	74.59	1.06
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	39	45		1,704.31	37.87	.010	43.70	.40
INPATIENT VISITS	77	274		12,432.01	45.37	.064	161.45	2.90
HOSPITAL VISITS	67	256		11,620.61	45.39	.060	173.44	2.71
CRITICAL CARE	2	3		364.80	121.60	.001	182.40	.08
SNF/ICF/TRANS IP CARE	10	15		446.60	29.77	.003	44.66	.10
OPHTHALMOLOGICAL SERVICES	17	17		782.93	46.05	.004	46.05	.18
EXAMINATIONS	17	17		782.93	46.05	.004	46.05	.18
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	40	357		22,958.83	64.31	.083	573.97	5.35
PRINCIPAL SURGEON	25	46		19,008.82	413.24	.011	760.35	4.43
ASSISTANT SURGEON	3	3		369.32	123.11	.001	123.11	.09
ANESTHESIOLOGIST	17	308		3,580.69	11.63	.072	210.63	.83
OUTPATIENT SURGERY	66	167		15,996.62	95.79	.039	242.37	3.73
PRINCIPAL SURGEON	60	87		13,982.06	160.71	.020	233.03	3.26
ASSISTANT SURGEON	3	3		418.10	139.37	.001	139.37	.10
ANESTHESIOLOGIST	12	77		1,596.46	20.73	.018	133.04	.37
DIALYSIS	12	27		3,366.75	124.69	.006	280.56	.78
PATHOLOGY	100	404		4,867.37	12.05	.094	48.67	1.13
RADIOLOGY	342	714		34,476.89	48.29	.166	100.81	8.03
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	18	217		6,866.94	31.64	.051	381.50	1.60
OTHER SERVICES/ALL X-OVERS	365	1,204		19,529.22	16.22	.281	53.50	4.55

@PHARMACY	3,050	34,541	\$ 1,	203,220.22	\$	34.83	8.048	\$	394.50	\$	280.34
PRESCRIPTION DRUGS	3,027	L3,633	1,	174,909.22		86.18	3.176		388.14		273.74
SNF/ICF	53	371		26,954.05		72.65	.086		508.57		6.28
OUTPATIENTS	2,982	L3,262	1,	147,955.17		86.56	3.090		384.96		267.46
MEDICAL SUPPLIES	231 2	20,908		28,311.00		1.35	4.871		122.56		6.60
@DENTIST	202	992	\$	46,329.15	\$	46.70	.231	\$	229.35	\$	10.79
VISITS - DIAGNOSTIC	136	582		7,530.00		12.94	.136		55.37		1.75
ORAL SURGERY	39	153		8,089.00		52.87	.036		207.41		1.88
DRUGS	2	9		135.00		15.00	.002		67.50		.03
ANESTHESIA	3	4		400.00		100.00	.001		133.33		.09
PERIODONTICS	10	15		1,656.00		110.40	.003		165.60		.39
ENDODONTICS	14	27		7,331.00		271.52	.006		523.64		1.71
RESTORATIVE DENTISTRY	55	171		14,483.00		84.70	.040		263.33		3.37
PROSTHETICS	1	1		30.00		30.00	.000		30.00		.01
DENTURES, STAYPLATES	8	16		5,555.00		347.19	.004		694.38		1.29
SPACE MAINTAINERS	1	1		120.00		120.00	.000		120.00		.03
MAXILLOFACIAL SERVICES	2	2		210.15		105.08	.000		105.08		.05
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	9	10		790.00		79.00	.002		87.78		.18
ALL OTHER SERVICES	1	1		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND ΕΣ	KPENDITUR	ES MONTH-O	F-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC	2003	PA	•
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	PUBLIC	ASSISTANCE	- DISABLED)						
							,	ACTUTE.	TT 32 7 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	O E	

----- MONTHLY AVERAGE -----**USERS** AVERAGE COST UNITS/DAYS COST PER 4,292 ELIGIBLES UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG **USER** ELIGIBLE @OPTOMETRIST 64 184 4,077.10 22.16 .043 \$ 63.70 \$.95 DIAGNOSTIC AND ANC. PROCED 38 38 46.52 .009 46.52 .41 1,767.65 EYE APPLIANCES 133 1,972.04 14.83 .031 45.86 .46 OTHER OPTOMETRIC SERVICES 13 337.41 25.95 .003 48.20 .08 @CHIROPRACTOR 17 30 501.60 16.72 .007 29.51 .12 VISITS 17 30 501.60 16.72 .007 29.51 .12 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODTATRIST 33 760.04 23.03 .008 27.14 .18 MEDICINE/INJECTIONS 11 11 270.20 24.56 .003 24.56 .06 SURGERY/ANES. 0 .00 .00 .000 .00 .00 RADIO./PATHOLOGY Ω .00 .00 .000 .00 .00 OTHER 17 22 489.84 22.27 .005 28.81 .11 @HOME HEALTH AGENCY 13 54 3,527.91 65.33 .013 \$ 271.38 .82 28 206.86 \$ 7.39 .007 51.72 \$.05 NURSE ANESTHESIST NURSE MIDWIFE 0 .00 Ś .00 .000 Ś .00 Ś .00 \$.00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 \$.00 2 FAMILY NURSE PRACTITIONER 2 40.26 20.13 .000 20.13 \$.01 4,733 @TOTAL HOSPITAL 747 533,235.19 112.66 1.103 713.84 124.24 75 5655.26 HOSP INPATIENT TOTAL 477 424,144.61 889.19 .111 98.82 37 253 283,356.00 1119.98 .059 7658.27 66.02 HSC HOSPITALS 69 107,303.38 1555.12 .016 4877.43 25.00 NON-HSC HOSPITAL TOTAL ACCOMMODATIONS 69 31,595.06 457.90 .016 1436.14 7.36 2 1 462.60 231.30 462.60 ADMINISTRATIVE DAYS .000 .11 0 0 .00 .00 .000 TRANSITIONAL IP CARE .00 .00 ALL OTHER ACCOM 21 31,132.46 464.66 .016 1482.50 7.25 .000 ANCILLARIES 0 75,708.32 .00 3441.29 17.64 INPATIENT CROSSOVERS 16 155 33,485.23 216.03 .036 2092.83 7.80 ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 .00 154.96 HOSP OUTPATIENT TOTAL 704 4,256 109,090.58 25.63 .992 25.42 311 36.73 82.19 696 25,561.78 .162 5.96 MEDICAL SURGERY 59 59 5,248.75 88.96 .014 88.96 1.22 246 PATHOLOGY 1,386 15,813.57 11.41 .323 64.28 3.68 RADIOLOGY 222 331 23,444.87 70.83 .077 105.61 5.46 ROOM USE 345 485 20,434.98 42.13 .113 59.23 4.76

CROSSOVERS/ALL OTH OUTPINT	368	1,299	18,586.63	14.31	.303	50.51	4.33
@COUNTY HOSPITAL TOTAL	61	410 \$	31,392.78	\$ 76.57	.096 \$	514.64	\$ 7.31
CO HOSPITAL INPATIENT TOTAL	4	24	21,960.00	915.00	.006	5490.00	5.12
HSC HOSPITALS	4	24	21,960.00	915.00	.006	5490.00	5.12
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	57	386	9,432.78	24.44	.090	165.49	2.20
MEDICAL	16	22	600.24	27.28	.005	37.52	.14
SURGERY	8	8	499.80	62.48	.002	62.48	.12
PATHOLOGY	27	139	1,504.38	10.82	.032	55.72	.35
RADIOLOGY	19	32	3,037.03	94.91	.007	159.84	.71
ROOM USE	26	36	1,791.99	49.78	.008	68.92	.42
CROSSOVERS/ALL OTH OUTPINT	29	149	1,999.34	13.42	.035	68.94	.47
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF-PAYMENT REP	ORT FOR JAN	2003 THRU DEC	2003	PAGE 6,803
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	PUBLIC AS	SISTANCE - DISABLED				

----- MONTHLY AVERAGE -----4,292 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 4,323 \$ @COMMUNITY HOSPITAL TOTAL 704 501,842.41 \$ 116.09 1.007 \$ 712.84 \$ 116.93 .106 93.71 COMM HOSP INPATIENT TOTAL 453 402,184.61 887.82 5664.57 887.82 1141.47 33 229 261,396.00 7921.09 HSC HOSPITALS 60.90 NON-HSC HOSPITALS TOTAL 69 107,303.38 1555.12 .016 4877.43 25.00 457.90 ACCOMMODATIONS 69 31,595.06 .016 1436.14 7.36 ADMINISTRATIVE DAYS 462.60 231.30 .000 462.60 .11 .00 TRANSITIONAL IP CARE 0 0 .00 .000 .00 .00 21 67 31,132.46 1482.50 ALL OTHER ACCOM 464.66 .016 7.25 0 75,708.32 .00 .000 3441.29 ANCILLARIES 17.64 INPATIENT CROSSOVERS 16 33,485.23 216.03 .036 2092.83 7.80 155 .00 ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 99,657.80 3,870 25.75 .902 150.77 COMM HOSP OUTPATIENT TOTAL 661 23.22 MEDICAL 674 24,961.54 37.03 .157 83.76 SURGERY 51 51 4,748.95 93.12 .012 93.12 1.11 11.47 68.25 41.52 221 1,247 14,309.19 64.75 PATHOLOGY .291 100.04 RADIOLOGY 204 299 20,407.84 .070 4.75 ROOM USE 324 449 18,642.99 .105 57.54 4.34 CROSSOVERS/ALL OTH OUTPTNT 1,150 16,587.29 14.42 .268 48.50 3.86 .00 \$ @STATE HOSPITAL 0 0 .00 .000 \$.00 \$.00 .000 0 .00 MENTALLY ILL 0 .00 .00 .00 Ω .00 .00 .000 DEVELOP. DISABLED .00 .00 163,785.48 1,137 144.05 .265 \$ 3722.40 \$ @NURSING FACILITY LEV A-INTERMEDIATE 0 .00 .00 .000 .00 .00 27,330.18 226 120.93 3416.27 LEV B-REHAB MD .053 6.37 0 .000 LEV B-SUBACUTE FREESTANDING .00 .00 .00 .00 LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE 0 .000 .00 .00 .00 .00 LEV B-REGULAR 911 136,455.30 149.79 .212 3790.43 31.79 .000 \$ @INTERMEDIATE CARE FACIL.-DD .00 .00 .00 \$.00 0 ICF DDH .00 .00 .000 .00 .00 .00 .000 .00 .00 ICF DD ICF DDN/DDCN 0 0 .00 .00 .000 .00 .00 52,996.83 @HEMODIALYSIS TOTAL 41 1,341 39.52 .312 \$ 1292.61 12.35 .000 Ω 0 .00 .00 .00 HOSPITAL BASED .00 1,341 HEMODIALYSIS CENTER 41 52,996.83 39.52 .312 1292.61 12.35

@REHABILITATION FACILITY	6	29	\$	701.89	\$	24.20	.007	\$	116.98	\$.16
HOSPITAL BASED	6	29	•	701.89	•	24.20	.007		116.98	•	.16
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	232	898	\$	11,582.52	\$	12.90	.209	\$	49.92	\$	2.70
PATHOLOGY	221	877		11,362.33		12.96	.204		51.41		2.65
XO AND OTHERS	11	21		220.19		10.49	.005		20.02		.05
@ORGANIZED OUTPATIENT CLINIC	1,592	2,929	\$	248,005.44	\$	84.67	.682	\$	155.78	\$	57.78
CLINIC	20	64		1,447.40		22.62	.015		72.37		.34
SURGICENTER	11	29		1,539.67		53.09	.007		139.97		.36
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,575	2,836		245,018.37		86.40	.661		155.57		57.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITUR	RES M	ONTH-OF-PAYMENT :	REPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 6,804
MOP024	FEE-FOR-SERVICE/DEN	TAL									01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES	FOR PUBLIC	ASSI	STANCE - DISABLE	D						
							M	ONTE	ILY AVERA	GE -	

4,292 ELIGIBLES	USERS	UNITS OF SERVIC	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CAR		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	741	119,333	\$ 189,882.85	\$ 1.59	27.804		
DURABLE MED. EQUIP.	98	300	49,337.71	164.46	.070	503.45	11.50
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	8	16	2,568.31	160.52	.004	321.04	.60
MEDICAL TRANSPORTATION	135	3,219	43,397.78	13.48	.750	321.47	10.11
AMBULANCES/AIR TRANS	117	2,482	28,860.99	11.63	.578	246.68	6.72
OTHER TRANS	13	446	1,220.85	2.74	.104	93.91	.28
OTHER SERVICES	13	291	13,315.94	45.76	.068	1024.30	3.10
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	20	391	26,952.71	68.93	.091	1347.64	6.28
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	16	50	4,576.22	91.52	.012	286.01	1.07
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	84	216	2,692.37	12.46	.050	32.05	.63
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	3	12	185.01	15.42	.003	61.67	.04
PROSTHETIST/ORTHOTISTS	19	33	2,811.59	85.20	.008	147.98	.66
PROSTHETICS	8	20	2,212.73	110.64	.005	276.59	.52
ORTHOTICS	11	13	598.86	46.07	.003	54.44	.14
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	6	329.39	54.90	.001	109.80	.08
HOSPICE SERVICES	0	0	13.32	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	84	4,260	14,391.96	3.38	.993	171.33	3.35
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	334	110,830	42,626.48	.38	25.822	127.62	9.93
@CALIF. CHILDREN SERVICES*	59	2,335	\$ 41,004.84	\$ 17.56	.544	\$ 695.00	\$ 9.55
@XOVER EXCLUDING STATE HOSP**	552	7,048	\$ •	\$ 15.74	1.642	\$ 200.96	\$ 25.85

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,805 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MARIPOSA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

						MC	ГИC	HLY AVERA	ιGΕ	
6,076 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	3,131	16,303	\$ 842,572.51	\$	51.68	2.683	\$	269.11	\$	138.67
@PHYSICIANS SERVICES	628	1,687	\$ 75,382.29	\$	44.68	.278	\$	120.04	\$	12.41
OUTPATIENT VISITS	265	380	18,110.52		47.66	.063		68.34		2.98
OFFICE VISITS	116	140	5,363.70		38.31	.023		46.24		.88

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	88	129	6,944.27	53.83	.021	78.91	1.14
PREVENTIVE CARE	2	2	131.56	65.78	.000	65.78	.02
OB VISITS/COMPRE PERI	37	72	4,620.08	64.17	.012	124.87	.76
OTHER OUTPATIENT	34	37	1,050.91	28.40	.006	30.91	.17
INPATIENT VISITS	35	85	8,409.45	98.93	.014	240.27	1.38
HOSPITAL VISITS	31	47	2,377.36	50.58	.008	76.69	.39
CRITICAL CARE	5	38	6,032.09	158.74	.006	1206.42	.99
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	10	10	494.62	49.46	.002	49.46	.08
EXAMINATIONS	10	10	494.62	49.46	.002	49.46	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	27	207	13,717.47	66.27	.034	508.05	2.26
PRINCIPAL SURGEON	17	20	9,997.58	499.88	.003	588.09	1.65
ASSISTANT SURGEON	1	1	167.72	167.72	.000	167.72	.03
ANESTHESIOLOGIST	11	186	3,552.17	19.10	.031	322.92	.58

OUTPATIENT SURGERY	77	195	15,199.44	77.95	.032	197.40		2.50
PRINCIPAL SURGEON	65	82	12,089.35	147.43	.013	185.99		1.99
ASSISTANT SURGEON	1	1	186.50	186.50	.000	186.50		.03
ANESTHESIOLOGIST	26	112	2,923.59	26.10	.018	112.45		.48
DIALYSIS	0	0	.00	.00	.000	.00		.00
PATHOLOGY	63	228	1,509.22	6.62	.038	23.96		.25
RADIOLOGY	300	436	13,993.97		.072	46.65		2.30
PSYCHIATRY	0	0	.00		.000	.00		.00
IMMUNIZATION AND INJECTION	11	16	297.08	18.57	.003	27.01		.05
OTHER SERVICES/ALL X-OVERS	70	130	3,650.52	28.08	.021	52.15		.60
@PHARMACY	1,501	3,602 \$	202,723.69	\$ 56.28	.593 \$	135.06	\$	33.36
PRESCRIPTION DRUGS	1,498	3,583	201,889.88	56.35	.590	134.77		33.23
SNF/ICF	0	0	.00	.00	.000	.00		.00
OUTPATIENTS	1,498	3,583	201,889.88	56.35	.590	134.77		33.23
MEDICAL SUPPLIES	13	19	833.81	43.88	.003	64.14		.14
@DENTIST	260	1,618 \$	51,889.84	\$ 32.07	.266 \$	199.58	\$	8.54
VISITS - DIAGNOSTIC	184	1,050	14,287.90	13.61	.173	77.65		2.35
ORAL SURGERY	38	79	4,741.00	60.01	.013	124.76		.78
DRUGS	1	3	45.00	15.00	.000	45.00		.01
ANESTHESIA	5	5	500.00	100.00	.001	100.00		.08
PERIODONTICS	4	4	283.00	70.75	.001	70.75		.05
ENDODONTICS	28	58	8,030.00	138.45	.010	286.79		1.32
RESTORATIVE DENTISTRY	102	370	20,477.00	55.34	.061	200.75		3.37
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	4	17	694.00	40.82	.003	173.50		.11
SPACE MAINTAINERS	5	7	795.00	113.57	.001	159.00		.13
MAXILLOFACIAL SERVICES	10	11	1,316.94	119.72	.002	131.69		.22
FRACTURES, DISLOCATIONS	0	0	.00		.000	.00		.00
ORTHODONTIC SERVICES	6	8	645.00		.001	107.50		.11
ALL OTHER SERVICES	11	6	75.00	12.50	.001	6.82		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		MONTH-OF-PAYMENT	REPORT FOR JAN	1 2003 THRU DE	C 2003	PAG	. ,
MOP024	FEE-FOR-SERVICE/DENTA	L						01/29/04

							1.1	OIVI	11111 1111111	ш	
6,076 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	ΑV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	C		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	59	132	\$	3,600.47	\$	27.28	.022	\$	61.02	\$.59
DIAGNOSTIC AND ANC. PROCED	43	43		2,040.35		47.45	.007		47.45		.34
EYE APPLIANCES	28	78		967.38		12.40	.013		34.55		.16
OTHER OPTOMETRIC SERVICES	11	11		592.74		53.89	.002		53.89		.10
@CHIROPRACTOR	5	7	\$	117.04	\$	16.72	.001	\$	23.41	\$.02
VISITS	5	7	•	117.04	·	16.72	.001	•	23.41		.02
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	•	.00	·	.00	.000	•	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	4	5	\$	208.39	\$	41.68	.001	\$	52.10	\$.03
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$	57.20	\$	57.20	.000	\$	57.20	\$.01
@TOTAL HOSPITAL	684	3,122	\$	228,917.02	\$	73.32	.514	\$	334.67	\$	37.68
HOSP INPATIENT TOTAL	34	97		141,646.82		1460.28	.016		4166.08		23.31
HSC HOSPITALS	27	80		118,950.13		1486.88	.013		4405.56		19.58
NON-HSC HOSPITAL TOTAL	7	17		22,696.69		1335.10	.003		3242.38		3.74
ACCOMMODATIONS	7	17		11,832.53		696.03	.003		1690.36		1.95
ADMINISTRATIVE DAYS	1	1		231.30		231.30	.000		231.30		.04
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00

----- MONTHLY AVERAGE -----

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

MARIPOSA COUNTY

ALL OTHER ACCOM	6	16		11,601.23	725.08	.003	1933.	54	1.91
ANCILLARIES	7	0		10,864.16	.00	.000	1552.	02	1.79
INPATIENT CROSSOVERS	0	0		.00	.00	.000		00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		00	.00
HOSP OUTPATIENT TOTAL	659	3,025		87,270.20	28.85	.498	132.	43	14.36
MEDICAL	435	605		26,800.44	44.30	.100	61.	61	4.41
SURGERY	65	77		4,196.18	54.50	.013	64.	56	.69
PATHOLOGY	185	723		7,552.90	10.45	.119	40.	83	1.24
RADIOLOGY	172	235		11,881.42	50.56	.039	69.	80	1.96
ROOM USE	497	697		28,243.99	40.52	.115	56.	83	4.65
CROSSOVERS/ALL OTH OUTPTNT	280	688		8,595.27	12.49	.113	30.	70	1.41
@COUNTY HOSPITAL TOTAL	37	191 \$	3	10,441.29	\$ 54.67	.031	\$ 282.	20	\$ 1.72
CO HOSPITAL INPATIENT TOTAL	2	7		6,405.00	915.00	.001	3202.	50	1.05
HSC HOSPITALS	2	7		6,405.00	915.00	.001	3202.	50	1.05
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000		00	.00
ACCOMMODATIONS	0	0		.00	.00	.000		00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000		00	.00
ANCILLARIES	0	0		.00	.00	.000		00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000		00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		00	.00
CO HOSP OUTPATIENT TOTAL	37	184		4,036.29	21.94	.030	109.		.66
MEDICAL	11	13		354.16	27.24	.002	32.		.06
SURGERY	5	6		229.32	38.22	.001	45.		.04
PATHOLOGY	12	47		459.06	9.77	.008	38.		.08
RADIOLOGY	6	11		191.65	17.42	.002	31.		.03
ROOM USE	27	40		1,918.57	47.96	.007	71.		.32
CROSSOVERS/ALL OTH OUTPTNT	18	67		883.53	13.19	.011	49.	09	.15
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MONTH-OF	-PAYMENT RE	PORT FOR JAN	1 2003 THRU	DEC 2003		PAGE 6,807
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FO	R PUBLIC AS	SSISTANCE	- FAMILIES					
						M	IONTHLY AV	ERAGI	E

					MO	NTHLY AVERA	GE ·	
6,076 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER]	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	660	2,931 \$	218,475.73	\$ 74.54	.482	\$ 331.02	\$	35.96
COMM HOSP INPATIENT TOTAL	32	90	135,241.82	1502.69	.015	4226.31		22.26
HSC HOSPITALS	25	73	112,545.13	1541.71	.012	4501.81		18.52
NON-HSC HOSPITALS TOTAL	7	17	22,696.69	1335.10	.003	3242.38		3.74
ACCOMMODATIONS	7	17	11,832.53	696.03	.003	1690.36		1.95
ADMINISTRATIVE DAYS	1	1	231.30	231.30	.000	231.30		.04
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	6	16	11,601.23	725.08	.003	1933.54		1.91
ANCILLARIES	7	0	10,864.16	.00	.000	1552.02		1.79
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	635	2,841	83,233.91	29.30	.468	131.08		13.70
MEDICAL	429	592	26,446.28	44.67	.097	61.65		4.35
SURGERY	60	71	3,966.86	55.87	.012	66.11		.65
PATHOLOGY	175	676	7,093.84	10.49	.111	40.54		1.17
RADIOLOGY	166	224	11,689.77	52.19	.037	70.42		1.92
ROOM USE	483	657	26,325.42	40.07	.108	54.50		4.33
CROSSOVERS/ALL OTH OUTPINT	269	621	7,711.74	12.42	.102	28.67		1.27
@STATE HOSPITAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	1	\$	50.76	\$	50.76	.000	\$	50.76	\$.01
HOSPITAL BASED	1	1		50.76		50.76	.000		50.76		.01
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	168	423	\$	7,251.66	\$	17.14	.070	\$	43.16	\$	1.19
PATHOLOGY	168	423		7,251.66		17.14	.070		43.16		1.19
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,389	2,205	\$	239,939.50	\$	108.82	.363	\$	172.74	\$	39.49
CLINIC	19	69		2,045.94		29.65	.011		107.68		.34
SURGICENTER	27	140		6,095.69		43.54	.023		225.77		1.00
HEROIN DETOX CLINIC	1	5		73.00		14.60	.001		73.00		.01
RURAL HEALTH CLINIC	1,354	1,991		231,724.87		116.39	.328		171.14		38.14
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITU	RES I	MONTH-OF-PAYMENT RE	EPOR1	FOR JAN	2003 THRU	DEC	2003	₽₽	AGE 6,808
MOP024	FEE-FOR-SERVICE/DEN	NTAL									01/29/04

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

----- MONTHLY AVERAGE -----6,076 ELIGIBLES UNITS OF SERVICE USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 3,500 \$ 32,434.65 9.27 .576 \$ 76.32 \$ @ALL OTHER PROVIDERS 5.34 DURABLE MED. EQUIP. 13 2,687.56 206.74 .002 335.95 .44 BLOOD BANK 0 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS 1 2 50.00 25.00 .000 50.00 .01 MEDICAL TRANSPORTATION 58 1,297 17,137.29 13.21 .213 295.47 2.82 1,295 13,537.29 10.45 .213 233.40 AMBULANCES/AIR TRANS 2.23 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES 3,600.00 1800.00 .000 1800.00 .59 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 251.00 83.67 .000 83.67 .04 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 0 .00 OCCUPATIONAL THERAPIST .00 .000 .00 .00 OPTICIAN 142 1,502.84 10.58 .023 25.05 .25 .00 PHYSICAL THERAPIST .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 515.49 73.64 103.10 PROSTHETIST/ORTHOTISTS .001 .08 PROSTHETICS 246.48 82.16 .000 123.24 .04 269.01 67.25 .001 89.67 .04 ORTHOTICS .00 .000 PSYCHOLOGIST .00 .00 SPEECH AND AUDIOLOGY 10 401.62 40.16 .002 100.41 .07 .00 HOSPICE SERVICES .00 .000 .00 .00 NONINST BIRTHING CENTERS 0 .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES 1,356 9,553.77 7.05 .223 33.17 1.57 EPSDT SUPPLEMENTAL SERVICE 0 .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .00 .00 0 .000 .00 .000 PED SUBACUTE REHAB/WEANING 0 .00 .00 .00 .110 ALL OTHER PROVIDERS 670 335.08 .50 111.69 .06 55,339.37 3255.26 @CALIF. CHILDREN SERVICES* 517.19 .018 \$ \$ 9.11 @XOVER EXCLUDING STATE HOSP** 0 .00 \$.00 .000 \$.00 \$.00

MARIPOSA COUNTY

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PAGE 6,809

----- MONTHLY AVERAGE -----

01/29/04

MARIPOSA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

MARIPOSA COUNTY	SUMMARY OF SERV.	ICES FOR PUBLIC ASSIS	STANCE - TOTAL		14017		~=
11 040 BLIGIBLES	Hanna	INTERCOR CERTIFICE		ATTERACE COCE	MON'		
11,948 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
omomil ili provincio	0 120	OR DAYS OF CARE	4 152 100 24	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	8,132	257,716 \$	4,173,108.34	\$ 16.19	21.570 \$	513.17	\$ 349.27
@PHYSICIANS SERVICES	1,706	6,246 \$	219,376.71	\$ 35.12	.523 \$	128.59	\$ 18.36
OUTPATIENT VISITS	494	682	32,012.08	46.94	.057	64.80	2.68
OFFICE VISITS	254	327	12,891.02	39.42	.027	50.75	1.08
HOME VISITS	1	1	68.62	68.62	.000	68.62	.01
EMERGENCY ROOM	150	198	11,545.58	58.31	.017	76.97	.97
PREVENTIVE CARE	2	2	131.56	65.78	.000	65.78	.01
OB VISITS/COMPRE PERI	37	72	4,620.08	64.17	.006	124.87	.39
OTHER OUTPATIENT	73	82	2,755.22	33.60	.007	37.74	.23
INPATIENT VISITS	112	359	20,841.46	58.05	.030	186.08	1.74
HOSPITAL VISITS	98	303	13,997.97	46.20	.025	142.84	1.17
CRITICAL CARE	7	41	6,396.89	156.02	.003	913.84	.54
SNF/ICF/TRANS IP CARE	10	15	446.60	29.77	.001	44.66	.04
OPHTHALMOLOGICAL SERVICES	30	31	1,426.79	46.03	.003	47.56	.12
EXAMINATIONS	30	31	1,426.79	46.03	.003	47.56	.12
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	67	564	36,676.30	65.03	.047	547.41	3.07
PRINCIPAL SURGEON	42	66	29,006.40	439.49	.006	690.63	2.43
ASSISTANT SURGEON	4	4	537.04	134.26	.000	134.26	.04
ANESTHESIOLOGIST	28	494	7,132.86	14.44	.041	254.75	.60
OUTPATIENT SURGERY	144	363	31,382.21	86.45	.030	217.93	2.63
PRINCIPAL SURGEON	126	170	26,257.56	154.46	.014	208.39	2.20
ASSISTANT SURGEON	4	4	604.60	151.15	.000	151.15	.05
ANESTHESIOLOGIST	38	189	4,520.05	23.92	.016	118.95	.38
DIALYSIS	12	27	3,366.75	124.69	.002	280.56	.28
PATHOLOGY	163	632	6,376.59	10.09	.053	39.12	.53
RADIOLOGY	645	1,153	49,459.80	42.90	.097	76.68	4.14
PSYCHIATRY	0	. 0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	29	233	7,164.02	30.75	.020	247.04	.60
OTHER SERVICES/ALL X-OVERS	621	2,202	30,670.71	13.93	.184	49.39	2.57
@PHARMACY	5,684	58,502 \$	1,759,196.63	\$ 30.07	4.896 \$	309.50	\$ 147.24
PRESCRIPTION DRUGS	5,655	21,899	1,720,305.98	78.56	1.833	304.21	143.98
SNF/ICF	95	731	47,241.64	64.63	.061	497.28	3.95
OUTPATIENTS	5,573	21,168	1,673,064.34	79.04	1.772	300.21	140.03
MEDICAL SUPPLIES	325	36,603	38,890.65	1.06	3.064	119.66	3.25
@DENTIST	516	2,827 \$	108,875.24	\$ 38.51	.237 \$		
VISITS - DIAGNOSTIC	352	1,747	23,386.90	13.39	.146	66.44	1.96
ORAL SURGERY	83	257	14,199.00	55.25	.022	171.07	1.19
DRUGS	3	12	180.00	15.00	.001	60.00	.02
ANESTHESIA	8	9	900.00	100.00	.001	112.50	.08
PERIODONTICS	17	23	2,449.00	106.48	.002	144.06	.20
ENDODONTICS	44	87	15,836.00	182.02	.007	359.91	1.33
RESTORATIVE DENTISTRY	173	593	39,223.00	66.14	.050	226.72	3.28
PROSTHETICS	3	3	90.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	22	48	8,413.16	175.27	.004	382.42	.70
SPACE MAINTAINERS	7	9	1,035.00	115.00	.001	147.86	.09
MAXILLOFACIAL SERVICES	13	14	1,653.18	118.08	.001	127.17	.14
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	15	18	1,435.00	79.72	.002	95.67	.12
ALL OTHER SERVICES	12	7	75.00	10.71	.002	6.25	.01
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO					PAGE 6,810
MOP024	FEE-FOR-SERVICE		MIII OF - FAIRBINI RE	IFORT FOR UAN 2	TOO THE	003	01/29/04
1101 024	THE FOR DERVICE,	DUITIN					01/25/04

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

MARIPOSA COUNTY

11,948 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	ERAGE COST	UNITS/DAYS	5	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	154	397	\$ 9,442.58	\$ 23.78	.033	\$	61.32	\$.79
DIAGNOSTIC AND ANC. PROCED	97	97	4,531.75	46.72	.008		46.72	.38
EYE APPLIANCES	90	262	3,731.17	14.24	.022		41.46	.31
OTHER OPTOMETRIC SERVICES	25	38	1,179.66	31.04	.003		47.19	.10
@CHIROPRACTOR	22	37	\$ 618.64	\$ 16.72	.003	\$	28.12	\$.05
VISITS	22	37	618.64	16.72	.003		28.12	.05
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	67	81	\$ 948.21	\$ 11.71	.007	\$	14.15	\$.08
MEDICINE/INJECTIONS	11	11	270.20	24.56	.001		24.56	.02
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	56	70	678.01	9.69	.006		12.11	.06
@HOME HEALTH AGENCY	23	799	\$ 25,595.82	\$ 32.03	.067	\$	1112.86	\$ 2.14
NURSE ANESTHESIST	6	38	\$ 356.99	\$ 9.39	.003	\$	59.50	\$.03

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	3	3	\$	97.46	\$	32.49	.000	\$	32.49		.01
@TOTAL HOSPITAL	1,620	8,561	\$	796,085.01	\$	92.99	.717	\$	491.41	\$	66.63
HOSP INPATIENT TOTAL	132	625		584,177.08		934.68	.052		4425.58		48.89
HSC HOSPITALS	64	333		402,306.13		1208.13	.028		6286.03		33.67
NON-HSC HOSPITAL TOTAL	29	86		130,000.07		1511.63	.007		4482.76		10.88
ACCOMMODATIONS	29	0.0		43,427.59		504.97	.007		1497.50		3.63
ADMINISTRATIVE DAYS	2	3		693.90		231.30	.000		346.95		.06
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	27	83		42,733.69		514.86	.007		1582.73		3.58
	29	86 3 0 83 0		86,572.48		.00	.000		2985.26		7.25
ANCILLARIES		•									
INPATIENT CROSSOVERS	39	206		51,870.88		251.80	.017		1330.02		4.34
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	1,534	7,936		211,907.93		26.70	.664		138.14		17.74
MEDICAL	750	1,305		52,458.88		40.20	.109		69.95		4.39
SURGERY	124	136		9,444.93		69.45	.011		76.17		.79
PATHOLOGY	437	2,124		23,507.88		11.07	.178		53.79		1.97
RADIOLOGY	395	567		35,391.95		62.42	.047		89.60		2.96
ROOM USE	844	1,184		48,740.97		41.17	.099		57.75		4.08
CROSSOVERS/ALL OTH OUTPTNT	809	2,620		42,363.32		16.17	.219		52.37		3.55
@COUNTY HOSPITAL TOTAL	102	619	\$	42,214.89	\$	68.20	.052	\$	413.87	\$	3.53
CO HOSPITAL INPATIENT TOTAL	6	31		28,365.00		915.00	.003		4727.50		2.37
HSC HOSPITALS	6	31		28,365.00		915.00	.003		4727.50		2.37
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	98	588		13,849.89		23.55	.049		141.33		1.16
MEDICAL	27	35		954.40		27.27	.003		35.35		.08
SURGERY	13	14		729.12		52.08	.001		56.09		.06
PATHOLOGY	39	186		1,963.44		10.56	.016		50.34		.16
RADIOLOGY	25	43		3,228.68		75.09	.004		129.15		.27
ROOM USE	53	76		3,710.56		48.82	.004		70.01		.31
CROSSOVERS/ALL OTH OUTPTNT		234		3,263.69		13.95	.020		63.99		.27
		ES AND EXPENDITUR	TC MO		דס∩סיד			חפכ		D7	GE 6,811
MOP024	FEE-FOR-SERVICE		LS MO	MIH-OF-PAIMENT RE	EPORI	FOR UAN	2003 Inku	DEC	2003	PF	01/29/04
MARIPOSA COUNTY		ICES FOR PUBLIC	N C C T C	TANCE TOTAL							01/29/04
MARIPOSA COUNTI	SUMMARI OF SERV	ICES FOR PUBLIC	ASSIS	TANCE - TOTAL			M		TIT 3/ 3 T/DD 3	C F	
11,948 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/ 7 7 77		UNITS/DAY				OST PER
II,940 ELIGIBLES	USEKS			EXPENDITORES			PER ELIG		USER		LIGIBLE
ACOMMINITED HOCKET TOTAL	1,549	OR DAYS OF CARE 7,942		753,870.12					486.68		
@COMMUNITY HOSPITAL TOTAL	•		\$		\$	94.92		Þ		Þ	
COMM HOSP INPATIENT TOTAL	126	594		555,812.08			.050		4411.21		46.52
HSC HOSPITALS	58	302		373,941.13		1238.22	.025		6447.26		31.30
NON-HSC HOSPITALS TOTAL	29	86		130,000.07		1511.63	.007		4482.76		10.88
ACCOMMODATIONS	29	86		43,427.59		504.97	.007		1497.50		3.63
ADMINISTRATIVE DAYS	2	3		693.90		231.30	.000		346.95		.06
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	27	83		42,733.69		514.86	.007		1582.73		3.58
ANCILLARIES	29	0		86,572.48		.00	.000		2985.26		7.25
INPATIENT CROSSOVERS	39	206		51,870.88		251.80	.017		1330.02		4.34
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1,463	7,348		198,058.04		26.95	.615		135.38		16.58
MEDICAL	731	1,270		51,504.48		40.55	.106		70.46		4.31
SURGERY	111	122		8,715.81		71.44	.010		78.52		.73
PATHOLOGY	402	1,938		21,544.44		11.12	.162		53.59		1.80

RADIOLOGY	371	524		32,163.27		61.38	.044		86.69		2.69
ROOM USE	809	1,108		45,030.41		40.64	.093		55.66		3.77
CROSSOVERS/ALL OTH OUTPTNT	768	2,386		39,099.63		16.39	.200		50.91		3.27
@STATE HOSPITAL	0	, 0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	•	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	87	2,495	Ġ	367,773.22	\$	147.40	.209	Ś	4227.28	\$	30.78
LEV A-INTERMEDIATE	0	, 0		.00		.00	.000		.00		.00
LEV B-REHAB MD	8	226		27,330.18		120.93	.019		3416.27		2.29
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	79	2,269		340,443.04		150.04	.190		4309.41		28.49
@INTERMEDIATE CARE FACILDD	0	0	Ś	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	·	.00	•	.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	42	1,342	\$	53,240.88	\$	39.67	.112	\$	1267.64	\$	4.46
HOSPITAL BASED	0	. 0	·	.00	•	.00	.000		.00	•	.00
HEMODIALYSIS CENTER	42	1,342		53,240.88		39.67	.112		1267.64		4.46
@REHABILITATION FACILITY	7	30	\$	752.65	\$	25.09	.003	\$	107.52	\$.06
HOSPITAL BASED	7	30	•	752.65	•	25.09	.003	-	107.52		.06
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	419	1,389	\$	20,318.77	\$	14.63	.116	\$	48.49	\$	1.70
PATHOLOGY	394	1,329		19,000.84		14.30	.111		48.23		1.59
XO AND OTHERS	25	60		1,317.93		21.97	.005		52.72		.11
@ORGANIZED OUTPATIENT CLINIC	3,399	5,878	\$	510,969.92	\$	86.93	.492	\$	150.33	\$	42.77
CLINIC	39	133		3,493.34		26.27	.011		89.57		.29
SURGICENTER	44	181		8,376.21		46.28	.015		190.37		.70
HEROIN DETOX CLINIC	1	5		73.00		14.60	.000		73.00		.01
RURAL HEALTH CLINIC	3,343	5,559		499,027.37		89.77	.465		149.28		41.77
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	RES M	ONTH-OF-PAYMENT R	EPOR'	T FOR JAN 2	2003 THRU	DEC	2003	P.	AGE 6,812
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	JICES FOR PUBLIC	ASSI	STANCE - TOTAL							
							M	TNC	HLY AVERA	.GE	
11,948 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S (COST PER	(COST PER
		OR DAYS OF CAR	E		PE:	R UNIT/DAY	PER ELIG		USER	Ţ	ELIGIBLE
@ALL OTHER PROVIDERS	1,597	169,091	\$	299,459.61	\$	1.77	14.152	\$	187.51	\$	25.06
DURABLE MED. EQUIP.	113	327		52,604.29		160.87	.027		465.52		4.40
BLOOD BANK	0	0		0.0		0.0	000		0.0		0.0

					MO	NTHLY AVERAG	F:
11,948 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,597	169,091	\$ 299,459.61	\$ 1.77	14.152	\$ 187.51	\$ 25.06
DURABLE MED. EQUIP.	113	327	52,604.29	160.87	.027	465.52	4.40
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	27	42	10,292.41	245.06	.004	381.20	.86
MEDICAL TRANSPORTATION	218	5,847	65,851.11	11.26	.489	302.07	5.51
AMBULANCES/AIR TRANS	182	3,946	43,704.99	11.08	.330	240.14	3.66
OTHER TRANS	29	1,565	5,045.48	3.22	.131	173.98	.42
OTHER SERVICES	19	336	17,100.64	50.89	.028	900.03	1.43
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	20	391	26,956.77	68.94	.033	1347.84	2.26
GENETIC DISEASE TESTING	3	3	251.00	83.67	.000	83.67	.02
IHMC, MODEL-NF, NF, AIDS, MSSP	131	509	37,604.75	73.88	.043	287.06	3.15
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	188	471	6,590.44	13.99	.039	35.06	.55
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	3	12	185.01	15.42	.001	61.67	.02
PROSTHETIST/ORTHOTISTS	31	59	3,668.37	62.18	.005	118.33	.31
PROSTHETICS	17	42	2,800.50	66.68	.004	164.74	.23
ORTHOTICS	14	17	867.87	51.05	.001	61.99	.07
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	17	33	2,636.52	79.89	.003	155.09	.22
HOSPICE SERVICES	0	0	13.32	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	380	6,594	28,810.94	4.37	.552	75.	32	2.41
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		00	.00
ALL OTHER PROVIDERS	600	154,803	63,994.68	.41	12.956	106.	56	5.36
@CALIF. CHILDREN SERVICES*	79	2,589	\$ 97,594.60	\$ 37.70	.217	\$ 1235.	37 \$	8.17
@XOVER EXCLUDING STATE HOSP**	1,065	18,567	\$ 182,899.98	\$ 9.85	1.554	\$ 171.	74 \$	15.31

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,813 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MARIPOSA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

						M	ONT	HLY AVERA	GE.	
775 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S (COST PER		COST PER
		OR DAYS OF CARE		PEF	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	630	36,850	\$ 330,561.24	\$	8.97	47.548	\$	524.70	\$	426.53
@PHYSICIANS SERVICES	87	219	\$ 2,996.07	\$	13.68	.283	\$	34.44	\$	3.87
OUTPATIENT VISITS	0	0	.00		.00	.000		.00		.00
OFFICE VISITS	0	0	.00		.00	.000		.00		.00
HOME VISITS	0	0	.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0	.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0	.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0	.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0	.00		.00	.000		.00		.00
INPATIENT VISITS	0	0	.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0	.00		.00	.000		.00		.00
CRITICAL CARE	0	0	.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	1	1	20.00		20.00	.001		20.00		.03
EXAMINATIONS	1	1	20.00		20.00	.001		20.00		.03
SERVICES AND MATERIALS	0	0	.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0	.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0	.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00		.00
DIALYSIS	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	1	1	16.20		16.20	.001		16.20		.02
PSYCHIATRY	0	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	86	217	2,959.87		13.64	.280		34.42		3.82
@PHARMACY	509	6,274	\$ 139,971.55	\$	22.31	8.095	\$	274.99	\$	180.61
PRESCRIPTION DRUGS	503	1,699	138,405.17		81.46	2.192		275.16		178.59
SNF/ICF	28	181	7,640.24		42.21	.234		272.87		9.86
OUTPATIENTS	477	1,518	130,764.93		86.14	1.959		274.14		168.73
MEDICAL SUPPLIES	31	4,575	1,566.38		.34	5.903		50.53		2.02
@DENTIST	15	98	\$ 2,610.00	\$	26.63	.126	\$	174.00	\$	3.37
VISITS - DIAGNOSTIC	13	74	742.00		10.03	.095		57.08		.96
ORAL SURGERY	1	11	730.00		66.36	.014		730.00		.94
DRUGS	0	0	.00		.00	.000		.00		.00
ANESTHESIA	1	1	100.00		100.00	.001		100.00		.13
PERIODONTICS	0	0	.00		.00	.000		.00		.00
ENDODONTICS	2	2	321.00		160.50	.003		160.50		.41
RESTORATIVE DENTISTRY	4	7	387.00		55.29	.009		96.75		.50
PROSTHETICS	0	0	.00		.00	.000		.00		.00

DENTURES, STAYPLATES	1	3	330.00	110.00	.004	330.00	2	43
· ·		5						
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	. (00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	. (00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	. (00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	. (00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	. (00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MONT	TH-OF-PAYMENT REPORT	FOR JAN 2	003 THRU DE	C 2003	PAGE 6	,814
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/29	9/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FO	OR MN - NO SOC -	AGED AID CODE	14 1H 1U	1X			
					MON	THLY AVERAG	E	

MARIPOSA COUNTY	SUMMARY OF SERV	CES FOR	MN - NO	SOC SOC	- AGED AID	CODE	14 1H 1U	1X			
								MO	NTHLY AVERA	AGE	
775 ELIGIBLES	USERS	UNITS OF	SERVIC	Ξ	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS	OF CARI			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	12		34	\$	661.40	\$	19.45	.044	\$ 55.12	\$.85
DIAGNOSTIC AND ANC. PROCED	4		4		189.80		47.45	.005	47.45		.24
EYE APPLIANCES	9		24		394.68		16.45	.031	43.85		.51
OTHER OPTOMETRIC SERVICES	3		6		76.92		12.82	.008	25.64		.10
@CHIROPRACTOR	2		2	\$	33.44	\$	16.72	.003	\$ 16.72	\$.04
VISITS	0		0		.00		.00	.000	.00		.00
OTHER SERVICES	2		2		33.44		16.72	.003	16.72		.04
@PODIATRIST	7		7	\$	23.16	\$	3.31	.009		Ś	.03
MEDICINE/INJECTIONS	0		'n	т	.00	τ	.00	.000	.00	~	.00
SURGERY/ANES.	0		Ö		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000	.00		.00
OTHER	7		7		23.16		3.31	.009	3.31		.03
@HOME HEALTH AGENCY	ń		Ó	Ċ	.00	\$.00	.000		Ċ	.00
NURSE ANESTHESIST	0		0	\$ \$ \$.00	\$.00	.000			.00
NURSE MIDWIFE	0		0	4	.00	\$.00	.000			.00
PEDIATRIC NURSE PRACTITIONER	0		0	ς.	.00	\$.00	.000			.00
FAMILY NURSE PRACTITIONER			0	<u>ب</u>	.00	\$.00	.000			.00
@TOTAL HOSPITAL	0 56		194	<u>ب</u>			28.19	.250			7.06
HOSP INPATIENT TOTAL	4		23	Ų	3,332.00	Ą	144.87	.030	833.00	Ą	4.30
HSC HOSPITALS	0		0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.00		.00
ANCILLARIES	0		0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0		23		3,332.00		144.87	.030	833.00		4.30
ALL OTHER INPATIENT	0		23 0				.00	.000	.00		.00
	52		171		.00				41.09		2.76
HOSP OUTPATIENT TOTAL	0		1/1		2,136.86		12.50 .00	.221 .000	.00		.00
MEDICAL	0		0		.00		.00	.000	.00		.00
SURGERY PATHOLOGY	0		0		.00		.00	.000	.00		.00
	0		0								.00
RADIOLOGY	0		0		.00		.00	.000	.00		.00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	•		171		2,136.86		12.50	.221	41.09		2.76
@COUNTY HOSPITAL TOTAL	1		9	\$		\$	14.33	.012		بن	.17
CO HOSPITAL IDIAL CO HOSPITAL INPATIENT TOTAL			0	Ą	.00	Ą	.00	.012	.00	Ą	.00
	0		0						.00		.00
HSC HOSPITALS	0		0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.00		.00
ANCILLARIES INPATIENT CROSSOVERS	U		0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	U 1		9		128.99		14.33	.012	128.99		.00
MEDICAL MEDICAL	U		0		.00		.00	.012	.00		.00
HEDICAL	0		U		.00		.00	.000	.00		.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	9	128.99	14.33	.012	128.99	.17
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES MON	TH-OF-PAYMENT REPORT	T FOR JAN 2	2003 THRU DEC	2003	PAGE 6,815
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES	FOR MN - NO SOC -	AGED AID COD	E 14 1H 1U	1X		
					MONT	HLY AVERAC	SE
775 ELIGIBLES	USERS UNI	ITS OF SERVICE	EXPENDITURES AV	ERAGE COST	UNITS/DAYS	COST PER	COST PER
	OF	R DAYS OF CARE	PE	R UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	55	185 \$	5,339.87 \$	28.86	.239 \$	97.09	\$ 6.89
COMM HOSP INPATIENT TOTAL	4	23	3,332.00	144.87	.030	833.00	4.30
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	4	23		3,332.00		144.87	.030		833.00		4.30
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	- U										
COMM HOSP OUTPATIENT TOTAL	51	162		2,007.87		12.39	.209		39.37		2.59
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	51	162		2,007.87		12.39	.209		39.37		2.59
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
	0		Ą		Ą			Ą		Ą	
MENTALLY ILL	-	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	24	747	\$	154,716.41	\$	207.12	.964	\$	6446.52	\$	199.63
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	. 0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	24	-									
LEV B-REGULAR		747		154,716.41		207.12	.964		6446.52		199.63
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	'	.00	•	.00	.000	•	.00	•	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	ċ.	.00	.000	\$.00	\$.00
	0	0	Ą		Ą			Ą		Ą	
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00	4.	.00	.000		.00		.00
@LABORATORY FACILITY	5	12	\$	109.91	\$	9.16	.015	\$	21.98	\$.14
PATHOLOGY	2	4		39.15		9.79	.005		19.58		.05
XO AND OTHERS	3	8		70.76		8.85	.010		23.59		.09
@ORGANIZED OUTPATIENT CLINIC	163	297	\$	9,784.43	\$	32.94	.383	\$	60.03	\$	12.63
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	3	4		26.24		6.56	.005		8.75		.03
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	162	293		9,758.19		33.30	.378		60.24		12.59
#CALIF DEPT OF HEALTH SERV			TIRES M	ONTH-OF-PAYMENT F	EDORT			DEC		D	AGE 6,816
MOP024	FEE-FOR-SERVICE		OICHO II	ONTH OF THE PROPERTY I	CDI OICI	I OIL OIL	2005 11110	рцс	2005		01/29/04
MARIPOSA COUNTY		JICES FOR MN -	NTO COC	ACED ATE		14 1H 1U	1 v				01/29/04
MARIPOSA COUNTI	SUMMARI OF SERV	VICES FOR MIN -	NO SOC	AGED AII	CODE	14 10 10		ייידאר ו	א מיידע א זודי	CE.	
775 71 7777 70	HARDA	INITES OF SERVIT	α.		7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	DAGE GOGE			HLY AVERA		
775 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES			UNITS/DAY				COST PER
		OR DAYS OF CA					PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	113	28,966	\$	14,186.01	\$.49	37.375		125.54		18.30
DURABLE MED. EQUIP.	1	1		79.50		79.50	.001				.10
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	3	6		2,286.25		381.04	.008		762.08		2.95
MEDICAL TRANSPORTATION	9	252		669.10		2.66	.325		74.34		.86
AMBULANCES/AIR TRANS	ĺ	21		178.16		8.48	.027		178.16		.23
OTHER TRANS	4	72		224.40		3.12	.093		56.10		.29
	-										
OTHER SERVICES	4	159		266.54		1.68	.205		66.64		.34
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	2	4		284.57		71.14	.005		142.29		.37
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	3	8		836.00		104.50	.010		278.67		1.08
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
-											

15	33		1,298.12		39.34	.043		86.54		1.67
0	0		.00		.00	.000		.00		.00
1	2		1.92		.96	.003		1.92		.00
1	1		52.99		52.99	.001		52.99		.07
1	1		52.99		52.99	.001		52.99		.07
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
84	28,659		8,677.56		.30	36.979		103.30		11.20
1	1	\$	20.00	\$	20.00	.001	\$	20.00	\$.03
202	1,030	\$	15,009.26	\$	14.57	1.329	\$	74.30	\$	19.37
	1	1 1	1 \$	1 2 1.92 1 1 52.99 1 1 52.99 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 84 28,659 8,677.56 1 1 \$ 20.00	0 0 .00 1 2 1.92 1 1 52.99 1 1 52.99 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 <	0 0 .00 .00 1 2 1.92 .96 1 1 52.99 52.99 1 1 52.99 52.99 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 <td>0 0 .00 .00 .000 1 2 1.92 .96 .003 1 1 52.99 52.99 .001 1 1 52.99 52.99 .001 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .00 0 0 .00 .00 .00 0</td> <td>0 0 .00 .00 .000 1 2 1.92 .96 .003 1 1 52.99 52.99 .001 1 1 52.99 52.99 .001 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .00 0</td> <td>0 0 .00 .00 .000 .00 1 2 1.92 .96 .003 1.92 1 1 52.99 52.99 .001 52.99 1 1 52.99 52.99 .001 52.99 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .00 .00 0 0 .00</td> <td>0 0 .00 .00 .000 .00 1 2 1.92 .96 .003 1.92 1 1 52.99 52.99 .001 52.99 1 1 52.99 52.99 .001 52.99 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00</td>	0 0 .00 .00 .000 1 2 1.92 .96 .003 1 1 52.99 52.99 .001 1 1 52.99 52.99 .001 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .00 0 0 .00 .00 .00 0	0 0 .00 .00 .000 1 2 1.92 .96 .003 1 1 52.99 52.99 .001 1 1 52.99 52.99 .001 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .00 0	0 0 .00 .00 .000 .00 1 2 1.92 .96 .003 1.92 1 1 52.99 52.99 .001 52.99 1 1 52.99 52.99 .001 52.99 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .00 .00 0 0 .00	0 0 .00 .00 .000 .00 1 2 1.92 .96 .003 1.92 1 1 52.99 52.99 .001 52.99 1 1 52.99 52.99 .001 52.99 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

0000000000

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,817 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MARIPOSA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

MARIPOSA COUNTI	SUMMARI OF SER	ATCES FOR MM - MC) 50C	– סמדוקס	AID CODE	24		
						MON	THLY AVERAG	SE
12 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	£		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1	2	\$	21.70	\$ 10.85	.167 \$	21.70	\$ 1.81
@PHYSICIANS SERVICES	1	2	\$	22.10	\$ 11.05	.167 \$	22.10	\$ 1.84
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	2		22.10	11.05	.167	22.10	1.84
@PHARMACY	0	0	\$.400	CR \$.00	.000 \$.00	\$.03CR
PRESCRIPTION DRUGS	0	0		.400	CR .00	.000	.00	.03CR
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.400	CR .00	.000	.00	.03CR

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF-PAYMENT REI	PORT FOR JAN	2003 THRU DEC	2003	PAGE 6,818
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	MN - NO S	OC - BLIND	AID CODE	24		
					MONT	HLY AVERAG	F:

					MONT	HLY AVERAG	E
12 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	T UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	Y PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	Ō	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	Ō	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	Ō	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HISC HISPITALS TOTAL O								
ACCOMMODATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		2	•	2.2	0.0	0.00	0.0	0.0
ADMINISTRATIVE DAYS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
TRANSITIONAL IF CARE 0 0 0 0 0 000 000 000 000 000 ALL OTHER ACCOM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
ALL OTHER ACCM ANCILLARIES O 0 0 0 00 000 000 000 000 INFATIENT CROSSOVERS O 0 0 0 0 00 000 000 000 INFATIENT CROSSOVERS O 0 0 0 0 0 0 00 000 000 INFATIENT CROSSOVERS O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
ANCILLARIES		0	0					
INPATIENT CROSSOVERS		0	0					
ALL OTHER INPATIENT 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	ANCILLARIES	0	0		.00	.000	.00	.00
CO CO CO CO CO CO CO CO	INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
MEDICAL SURGERY O O O O O O O O O O O O O O O O O O O	ALL OTHER INPATIENT	0	0		.00	.000	.00	.00
SURGERY	CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
PATHOLOGY	MEDICAL	0	0	.00	.00	.000	.00	.00
RADIOLOGY ROOM USE O 0 0 0.00 .00 .00 .00 .00 .00 .00 .00 .	SURGERY	0	0	.00	.00	.000	.00	.00
RADIOLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PATHOLOGY	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPITMT CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICE'S AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DCC 2003	RADIOLOGY	0	0	.00	.00	.000		.00
CROSSOVERS/ALL OTH OUTPTNT CROSSOVERS MEDI-CAL SERVICE' SAND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DCC 2003	ROOM USE	0	0	.00	.00	.000	.00	.00
#CALLIF DEPT OF HEALTH SERV MOPD24 MARIPOSA COUNTY MORD24 MARIPOSA COUNTY FEEF-FOR-SERVICE/SERVICES FOR MN - NO SOC - BLIND		0	0	.00	.00	.000	.00	
MARIPOSA COUNTY			AND EXPENDITURES MON					
MARIPOSA COUNTY								
12 ELIGIBLES				BLIND	AID CODE	2.4		,,
ACCOMMUNITY HOSPITAL TOTAL	111111111111111111111111111111111111111		25 1011 1111 110 200	5211.5	1112 0022		THLY AVERAC	FE
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE	12 ELIGIBLES	USERS I	NITS OF SERVICE	EXPENDITURES	AVERAGE COST			
### COMMINITY HOSPITAL TOTAL COMMINS INPATIENT TOTAL O								
COMM HOSP INPATIENT TOTAL	@COMMUNITY HOSPITAL TOTAL	0		.00				
HSC HOSPITALS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	•					
NON-HSC HOSPITALS TOTAL		0	0					
ACCOMMODATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	Ô					
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE O O O O O O O O O O O O O		0	0					
TRANSITIONAL IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
ALL OTHER ACCOM ANCILLARIES O O O O O O O O O O O O O O O O O O O		0	0					
ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
INPATIENT CROSSOVERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
ALL OTHER INPATIENT 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0		0	0					
COMM HOSP OUTPATIENT TOTAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
MEDICAL 0 0 .00 <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td>		0	0					
SURGERY 0 0 .00 <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td>		0	0					
PATHOLOGY 0 0 0 0 00 00 00 00 00 00 00 00 00 00		0	0					
RADIOLOGY ROOM USE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
ROOM USE		0	0					
CROSSOVERS/ALL OTH OUTPINT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	<u> </u>					
@STATE HOSPITAL 0 0 \$.00 \$.00 <		0	_					
MENTALLY ILL 0 0 .00		0						
DEVELOP. DISABLED 0 0 .00		0	0 Ş		•	•		•
@NURSING FACILITY 0 0 \$.00 \$.00 .		0	0					
LEV A-INTERMEDIATE 0 0 .00		0						
LEV B-REHAB MD 0 0 .00		0	0 \$		•	•		•
LEV B-SUBACUTE FREESTANDING 0 0 .00		0	0					
LEV B-SUBACUTE HSPTL BASED 0 0 .00 .		0	0					
LEV B-TRANSITIONAL IP CARE 0 0 .00 .	LEV B-SUBACUTE FREESTANDING	0	0					
LEV B-REGULAR 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 \$.00 .00 \$.00 .00 \$	LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD 0 0 \$.00 \$.00 \$.00 \$.00		0	0					
	LEV B-REGULAR	0	0	.00	.00	.000		.00
ICF DDH 0 0 .00 .00 .00 .00 .00 .00	@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
	ICF DDH	0	0	.00	.00	.000	.00	.00

0

0

0

0

0

0

0

\$

\$

0

0

0

0

0

0

0

0

ICF DD

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

HOSPITAL BASED INDEPENDENT FACILITY

@LABORATORY FACILITY

HOSPITAL BASED

.00

.00

.00

.00

.00

.00

.00

.00

.00

\$

\$

\$

.00

.00

.00

.00

.00

.00

.00

.00

.00

.000

.000

.000

.000

.000

.000

.000 \$

.000 \$

.000 \$

.00

.00

.00

.00

.00 \$

.00

.00

.00 \$

.00 \$

.00

.00

.00

.00

.00

.00

.00

.00

.00

PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00 \$.00	.000 \$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES MON	TH-OF-PAYMENT REPO	RT FOR JAN 2	003 THRU DEC	2003	PAGE 6,820
MOP024	FEE-FOR-SERVICE/DENT	AL					01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES	FOR MN - NO SOC -	- BLIND	AID CODE	24		
					MONT	THLY AVERAG	E
12 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES A	VERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE	P	ER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00 \$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	1	2 \$	22.10 \$	11.05	.167 \$	22.10 \$	1.84

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,821 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MARIPOSA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

11111111 0011 0001111	DOIMMENT OF DELIC	1000 1011 1111 110 000	DIDINDED OI	00 011 00 01 011	0.0		
					MO	NTHLY AVERA	GE
713 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	622	17,173 \$	446,949.89	\$ 26.03	24.086	\$ 718.57	\$ 626.86
@PHYSICIANS SERVICES	108	684 \$	16,961.73	\$ 24.80	.959	\$ 157.05	\$ 23.79
OUTPATIENT VISITS	19	25	1,189.09	47.56	.035	62.58	1.67
OFFICE VISITS	15	17	867.01	51.00	.024	57.80	1.22
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	3	113.58	37.86	.004	113.58	.16
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	5	208.50	41.70	.007	52.13	. 29
INPATIENT VISITS	2	9	140.08	15.56	.013	70.04	.20
HOSPITAL VISITS	2	9	140.08	15.56	.013	70.04	.20
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	2	123.86	61.93	.003	123.86	.17
EXAMINATIONS	1	2	123.86	61.93	.003	123.86	.17
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	2	75.26	37.63	.003	37.63	.11
PRINCIPAL SURGEON	2	2	75.26	37.63	.003	37.63	.11
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	8	46	3,478.06	75.61	.065	434.76	4.88
PRINCIPAL SURGEON	6	12	2,758.51	229.88	.017	459.75	3.87
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	34	719.55	21.16	.048	239.85	1.01

DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	6		14.44		2.41	.008		4.81		.02
RADIOLOGY	17	55		2,146.60		39.03	.077		126.27		3.01
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	61		617.83		10.13	.086		308.92		.87
OTHER SERVICES/ALL X-OVERS	75	478		9,176.51		19.20	.670		122.35		12.87
@PHARMACY	528	9,453	\$	234,751.17	\$	24.83	13.258	\$	444.60	\$	329.24
PRESCRIPTION DRUGS	519	2,403		223,099.40		92.84	3.370		429.86		312.90
SNF/ICF	22	202		13,082.76		64.77	.283		594.67		18.35
OUTPATIENTS	497	2,201		210,016.64		95.42	3.087		422.57		294.55
MEDICAL SUPPLIES	53	7,050		11,651.77		1.65	9.888		219.84		16.34
@DENTIST	22	89	\$	3,820.00	\$	42.92	.125	\$	173.64	\$	5.36
VISITS - DIAGNOSTIC	15	47		743.00		15.81	.066		49.53		1.04
ORAL SURGERY	1	4		295.00		73.75	.006		295.00		.41
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00		100.00	.001		100.00		.14
PERIODONTICS	2	2		255.00		127.50	.003		127.50		.36
ENDODONTICS	2	1		475.00		475.00	.001		237.50		.67
RESTORATIVE DENTISTRY	6	14		809.00		57.79	.020		134.83		1.13
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	4	20		1,143.00		57.15	.028		285.75		1.60
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		IRES	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 6,822
MOP024	FEE-FOR-SERVICE/DENTAL						_				01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FO	DR MN - N	10 SO	C - DISABLED 64	6G 6H	6U 6V 6	X 8G				

----- MONTHLY AVERAGE -----713 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 30 503.97 \$ 16.80 42.00 \$.71 @OPTOMETRIST 12 .042 \$ DIAGNOSTIC AND ANC. PROCED 3 3 106.90 35.63 .004 35.63 .15 EYE APPLIANCES 10 27 397.07 14.71 .038 39.71 .56 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 .00 .00 @CHIROPRACTOR .000 \$.00 \$.00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 12 92.19 7.68 @PODIATRIST 11 .017 \$ 8.38 \$.13 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 SURGERY/ANES. 0 .00 .00 .000 .00 .00 RADIO./PATHOLOGY 0 0 .00 .00 .000 .00 .00 OTHER 92.19 7.68 .017 8.38 11 12 .13 .000 \$ @HOME HEALTH AGENCY 0 .00 .00 .00 .00 0 .00 .00 .000 .00 .00 NURSE ANESTHESIST \$.00 .00 .000 .00 NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER 0 .00 .00 .000 .00 \$.00 0 .00 FAMILY NURSE PRACTITIONER .00 .000 .00 .00 381 35,733.13 93.79 @TOTAL HOSPITAL 88 .534 406.06 50.12 HOSP INPATIENT TOTAL 10 42 26,686.79 635.40 .059 2668.68 37.43 HSC HOSPITALS 23 21,531.00 936.13 7177.00 30.20 3 .032 NON-HSC HOSPITAL TOTAL 0 0 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .000 .00 TRANSITIONAL IP CARE ALL OTHER ACCOM 0 .00 .00 .000 .00 .00 0 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS 19 5,155.79 271.36 .027 736.54 7.23 ALL OTHER INPATIENT .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	81	339		9,046.34	26.69	.475	111.68	12.69
MEDICAL	12	17		797.56	46.92	.024	66.46	1.12
SURGERY	7	7		781.68	111.67	.010	111.67	1.10
PATHOLOGY	15	52		599.22	11.52	.073	39.95	.84
RADIOLOGY	12	16		1,187.68	74.23	.022	98.97	1.67
ROOM USE	19	33		1,722.31	52.19	.046	90.65	2.42
CROSSOVERS/ALL OTH OUTPINT	64	214		3,957.89	18.49	.300	61.84	5.55
@COUNTY HOSPITAL TOTAL	2	5	\$	645.99	\$ 129.20	.007 \$	323.00	\$.91
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	5		645.99	129.20	.007	323.00	.91
MEDICAL	1	1		27.41	27.41	.001	27.41	.04
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	2		30.31	15.16	.003	30.31	.04
RADIOLOGY	2	2		588.27	294.14	.003	294.14	.83
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	RES N	MONTH-OF-PAYMENT REP	PORT FOR JAN	2003 THRU DE	C 2003	PAGE 6,823
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	MN - N	o soc	C - DISABLED 64 6G	3 6H 6U 6V 6X			
						MON'	THLY AVERAG	GE

								ULI AVEKA	GE	
713 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	86	376	\$ 35,087.14	\$	93.32	.527	\$	407.99	\$	49.21
COMM HOSP INPATIENT TOTAL	10	42	26,686.79		635.40	.059		2668.68		37.43
HSC HOSPITALS	3	23	21,531.00		936.13	.032		7177.00		30.20
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	7	19	5,155.79		271.36	.027		736.54		7.23
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	79	334	8,400.35		25.15	.468		106.33		11.78
MEDICAL	11	16	770.15		48.13	.022		70.01		1.08
SURGERY	7	7	781.68		111.67	.010		111.67		1.10
PATHOLOGY	14	50	568.91		11.38	.070		40.64		.80
RADIOLOGY	10	14	599.41		42.82	.020		59.94		.84
ROOM USE	19	33	1,722.31		52.19	.046		90.65		2.42
CROSSOVERS/ALL OTH OUTPTNT	64	214	3,957.89		18.49	.300		61.84		5.55
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00		.00
@NURSING FACILITY	20	591	\$ 100,240.45	\$	169.61	.829	\$	5012.02	\$	140.59
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR	20	591	100,240.45		169.61	.829		5012.02		140.59
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	1	\$	161.86	\$	161.86	.001	\$	161.86	\$.23
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	1		161.86		161.86	.001		161.86		.23
@REHABILITATION FACILITY	4	27	\$	642.85	\$	23.81	.038	\$	160.71	\$.90
HOSPITAL BASED	4	27		642.85		23.81	.038		160.71		.90
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	14	37	\$	776.96	\$	21.00	.052	\$	55.50	\$	1.09
PATHOLOGY	11	31		692.50		22.34	.043		62.95		.97
XO AND OTHERS	3	6		84.46		14.08	.008		28.15		.12
@ORGANIZED OUTPATIENT CLINIC	207	359	\$	22,920.46	\$	63.85	.504	\$	110.73	\$	32.15
CLINIC	1	3		73.03		24.34	.004		73.03		.10
SURGICENTER	2	6		228.48		38.08	.008		114.24		.32
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	205	350		22,618.95		64.63	.491		110.34		31.72
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	IRES M	ONTH-OF-PAYMENT RI	EPOR:	r for Jan 20	003 THRU	DEC	2003	PI	GE 6,824
MOP024	FEE-FOR-SERVICE/DENTA	L									01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES F	OR MN - N	IO SOC	- DISABLED 64	6G 6I	4 6U 6V 6X 8	3G				

----- MONTHLY AVERAGE -----USERS UNITS OF SERVICE EXPENDITURES 713 ELIGIBLES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 30,345.12 \$ 5.51 7.727 \$ 240.83 \$ 42.56 @ALL OTHER PROVIDERS 126 5,509 \$ 5,309 5 23 0 0 5 9 12 356 5 121 6 212 7,565.89 328.95 .032 1513.18 .00 .00 .000 .000 2,468.77 274.31 .013 493.75 4,353.33 12.23 .499 362.78 1,813.87 14.99 .170 362.77 593.32 2.80 297 98.89 DURABLE MED. EQUIP. 10.61 BLOOD BANK .00 HEARING AID DISPENSERS 3.46 MEDICAL TRANSPORTATION 6.11

 1,813.87
 14.99
 .170
 362.77

 593.32
 2.80
 .297
 98.89

 1,946.14
 84.61
 .032
 486.54

 .00
 .00
 .000
 .00

 .00
 .00
 .000
 .00

 .00
 .00
 .000
 .00

 .00
 .00
 .000
 .00

 .00
 .00
 .000
 .00

 .00
 .00
 .000
 .00

 .00
 .00
 .000
 .00

 .00
 .00
 .000
 .00

 .00
 .00
 .000
 .00

 .00
 .00
 .00
 .00

 .00
 .00
 .00
 .00

 .00
 .00
 .00
 .00

 .00
 .00
 .00
 .00

 .00
 .00
 .00
 .00

 .00
 .00
 .00
 .00

 .00
 .00
 .00
 .00

 .00
 .00
 .00
 .00

 .00
 .00
 .00
 .00

 AMBULANCES/AIR TRANS OTHER TRANS .83 OTHER SERVICES 23 2.73 ACUPUNCTURE 0 .00 ADULT DAY HEALTH CARE CTR .00 GENETIC DISEASE TESTING .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 OCCUPATIONAL THERAPIST .00 .38 OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY 0 .00 PROSTHETIST/ORTHOTISTS 10 .32 PROSTHETICS 10 .32 ORTHOTICS .00 PSYCHOLOGIST .00 SPEECH AND AUDIOLOGY .00 0 0 HOSPICE SERVICES .00 NONINST BIRTHING CENTERS .00 1,817 LOCAL EDUCATION AGENCIES 0 EPSDT SUPPLEMENTAL SERVICE .000 .00 .00 0 0 3,272 56 1,139 \$.000 .00 RESPIRATORY CARE PRACT. 0 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS 4.589 65.37 7.70 @CALIF. CHILDREN SERVICES* 11 .079 \$ 928.71 \$ 14.33 @XOVER EXCLUDING STATE HOSP** 186 23,061.44 \$ 20.25 1.597 \$ 123.99 \$ 32.34

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,825 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

11,696 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5,631	29,447	\$ 1,668,789.46	\$ 56.67	2.518	\$ 296.36	\$ 142.68
@PHYSICIANS SERVICES	1,261	3,264	\$ 154,054.31	\$ 47.20	.279	\$ 122.17	\$ 13.17
OUTPATIENT VISITS	477	686	29,284.60	42.69	.059	61.39	2.50
OFFICE VISITS	244	290	11,277.38	38.89	.025	46.22	.96
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	118	138	7,984.66	57.86	.012	67.67	.68
PREVENTIVE CARE	2	2	78.54	39.27	.000	39.27	.01
OB VISITS/COMPRE PERI	75	197	8,285.57	42.06	.017	110.47	.71
OTHER OUTPATIENT	57	59	1,658.45	28.11	.005	29.10	.14
INPATIENT VISITS	76	154	8,846.32	57.44	.013	116.40	.76
HOSPITAL VISITS	73	132	6,439.26	48.78	.011	88.21	.55
CRITICAL CARE	6	22	2,407.06	109.41	.002	401.18	.21
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	23	25	1,102.83	44.11	.002	47.95	.09

EXAMINATIONS	23	25		1,102.83		44.11	.002		47.95		.09
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY		370		40,844.94		110.39	.032		517.02		3.49
PRINCIPAL SURGEON	56	81		32,724.23		404.00	.007		584.36		2.80
ASSISTANT SURGEON	11	11		1,846.68		167.88	.001		167.88		.16
ANESTHESIOLOGIST	28	278		6,274.03		22.57	.024		224.07		.54
OUTPATIENT SURGERY	118	372		25,048.55		67.33	.032		212.28		2.14
PRINCIPAL SURGEON	92	138		19,524.38		141.48	.012		212.22		1.67
ASSISTANT SURGEON	2	2		255.22		127.61	.000		127.61		.02
ANESTHESIOLOGIST	41	232		5,268.95		22.71	.020		128.51		.45
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	109	301		2,446.66		8.13	.026		22.45		.21
RADIOLOGY	650	931		33,958.46		36.48	.080		52.24		2.90
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	23	40		2,020.18		50.50	.003		87.83		.17
OTHER SERVICES/ALL X-OVERS	150	385		10,501.77		27.28	.033		70.01		.90
@PHARMACY	2,812	6,772	\$	424,955.58	\$	62.75	.579	\$	151.12	\$	36.33
PRESCRIPTION DRUGS	2,808	6,716	·	421,758.31	·	62.80	.574		150.20		36.06
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	2,808	6,716		421,758.31		62.80	.574		150.20		36.06
MEDICAL SUPPLIES	34	56		3,197.27		57.09	.005		94.04		. 27
@DENTIST	523	2,462	\$	104,650.82	\$	42.51	.210	\$	200.10	\$	8.95
VISITS - DIAGNOSTIC	320	1,401		21,452.75		15.31	.120		67.04		1.83
ORAL SURGERY	78	202		14,792.00		73.23	.017		189.64		1.26
DRUGS	78 8 20 15	24		320.00		13.33	.002		40.00		.03
ANESTHESIA	20	23		1,900.00		82.61	.002		95.00		.16
PERIODONTICS	15	14		1,583.00		113.07	.001		105.53		.14
ENDODONTICS	63	124		17,609.00		142.01	.011		279.51		1.51
RESTORATIVE DENTISTRY	167	524		35,259.00		67.29	.045		211.13		3.01
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	9	34		2,398.00		70.53	.003		266.44		.21
SPACE MAINTAINERS	4	5		573.00		114.60	.000		143.25		.05
MAXILLOFACIAL SERVICES	16	16		1,649.07		103.07	.001		103.07		.14
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	65	76		6,890.00		90.66	.006		106.00		.59
ALL OTHER SERVICES	19	19		225.00		11.84	.002		11.84		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		RES N		EPORT			DEC		ÞΖ	AGE 6,826
MOP024	FEE-FOR-SERVICE/DEN				01(1	2011 01111	2000 11110			- 1	01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES		OC-FZ	м 34 39 3N 3T 3V	54 59	5.T 5W-53	7 6.Т 7.Т 7к				01/20/01
111111111111111111111111111111111111111		1010 1110 1100			J	23 311 3.	M	ONTI	HIY AVERA	GE -	
							1.	J-11			

11,696 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CARE		PEF	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	130	322	\$ 7,656.05	\$	23.78	.028	\$	58.89	\$.65
DIAGNOSTIC AND ANC. PROCED	93	93	4,312.46		46.37	.008		46.37	.37
EYE APPLIANCES	79	220	2,791.39		12.69	.019		35.33	.24
OTHER OPTOMETRIC SERVICES	10	9	552.20		61.36	.001		55.22	.05
@CHIROPRACTOR	57	85	\$ 1,408.66	\$	16.57	.007	\$	24.71	\$.12
VISITS	57	85	1,408.66		16.57	.007		24.71	.12
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	.00
SURGERY/ANES.	0	0	.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00	.00
OTHER	0	0	.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	9	13	\$ 721.14	\$	55.47	.001	\$	80.13	\$.06
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	1	1	\$ 57.20	\$	57.20	.000	\$	57.20	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,205	5,422	\$ 461,152.23	\$	85.05	.464	\$	382.70	\$ 39.43

HOSP INPATIENT TOTAL	77	228	304,791.80	1336.81	.019	3958.34	26.06
HSC HOSPITALS	70	210	278,280.45	1325.15	.018	3975.44	23.79
NON-HSC HOSPITAL TOTAL	8	18	26,511.35	1472.85	.002	3313.92	2.27
ACCOMMODATIONS	8	18	9,317.87	517.66	.002	1164.73	.80
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	18	9,317.87	517.66	.002	1164.73	.80
ANCILLARIES	8	0	17,193.48	.00	.000	2149.19	1.47
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,160	5,194	156,360.43	30.10	.444	134.79	13.37
MEDICAL	723	1,010	47,821.67	47.35	.086	66.14	4.09
SURGERY	102	113	8,536.56	75.54	.010	83.69	.73
PATHOLOGY	367	1,512	15,329.91	10.14	.129	41.77	1.31
RADIOLOGY	386	526	30,359.59	57.72	.045	78.65	2.60
ROOM USE	805	1,044	40,509.24	38.80	.089	50.32	3.46
CROSSOVERS/ALL OTH OUTPTNT	463	989	13,803.46	13.96	.085	29.81	1.18
@COUNTY HOSPITAL TOTAL	66	342 \$	31,203.00	\$ 91.24	.029 \$	472.77	\$ 2.67
CO HOSPITAL INPATIENT TOTAL	6	25	22,720.00	908.80	.002	3786.67	1.94
HSC HOSPITALS	6	25	22,720.00	908.80	.002	3786.67	1.94
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	61	317	8,483.00	26.76	.027	139.07	.73
MEDICAL	20	27	728.85	26.99	.002	36.44	.06
SURGERY	8	10	155.30	15.53	.001	19.41	.01
PATHOLOGY	20	73	808.52	11.08	.006	40.43	.07
RADIOLOGY	25	34	2,994.77	88.08	.003	119.79	.26
ROOM USE	40	52	2,237.13	43.02	.004	55.93	.19
CROSSOVERS/ALL OTH OUTPTNT	31	121	1,558.43	12.88	.010	50.27	.13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPO	ORT FOR JAN 20	03 THRU DE	C 2003	PAGE 6,827
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES F	OR MN-NOSOC-F	'AM 34 39 3N 3T 3V 54	59 5J 5W-5Y 6	J 7J 7K		
					34037		a =

THICH ODIT COUNTY	DOMINING OF DER	VICED TOR THE NODOC	1 2 11.	1 31 37 31 31 37 3	31 37 30 3W 31	00 /0 /10			
						MO	NTHLY AVERA	4GE	
11,696 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,160	5,080	\$	429,949.23	\$ 84.64	.434	\$ 370.65	\$	36.76
COMM HOSP INPATIENT TOTAL	72	203		282,071.80	1389.52	.017	3917.66		24.12
HSC HOSPITALS	64	185		255,560.45	1381.41	.016	3993.13		21.85
NON-HSC HOSPITALS TOTAL	8	18		26,511.35	1472.85	.002	3313.92		2.27
ACCOMMODATIONS	8	18		9,317.87	517.66	.002	1164.73		.80
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	8	18		9,317.87	517.66	.002	1164.73		.80
ANCILLARIES	8	0		17,193.48	.00	.000	2149.19		1.47
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	1,117	4,877		147,877.43	30.32	.417	132.39		12.64
MEDICAL	710	983		47,092.82	47.91	.084	66.33		4.03
SURGERY	95	103		8,381.26	81.37	.009	88.22		.72
PATHOLOGY	351	1,439		14,521.39	10.09	.123	41.37		1.24
RADIOLOGY	362	492		27,364.82	55.62	.042	75.59		2.34
ROOM USE	776	992		38,272.11	38.58	.085	49.32		3.27
CROSSOVERS/ALL OTH OUTPTNT	440	868		12,245.03	14.11	.074	27.83		1.05
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	0	\$	2.98	\$.00	.000	\$	2.98	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	0		2.98		.00	.000		2.98		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	3	9	\$	374.81	\$	41.65	.001	\$	124.94	\$.03
HOSPITAL BASED	3	9		374.81		41.65	.001		124.94		.03
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	380	1,077	\$	17,409.02	\$	16.16	.092	\$	45.81	\$	1.49
PATHOLOGY	378	1,073		17,337.05		16.16	.092		45.87		1.48
XO AND OTHERS	3	4		71.97		17.99	.000		23.99		.01
@ORGANIZED OUTPATIENT CLINIC	2,527	4,045	\$	443,221.10	\$	109.57		\$	175.39	\$	37.90
CLINIC	36	113		3,144.05		27.82	.010		87.33		.27
SURGICENTER	39	175		6,766.98		38.67	.015		173.51		.58
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,470	3,757		433,310.07		115.33	.321		175.43		37.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		JRES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2003 THRU	DEC	2003	PA	GE 6,828
MOP024	FEE-FOR-SERVICE/DENTA										01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FO	OR MN-NOS	SOC-FAM	34 39 3N 3T 3V 5	54 59	9 5J 5W-5Y	6J 7J 7K				

MAKIFOSA COUNTI	SUMMAKI OF SEK	VICES FOR MM-MOSOC-PAR	I DE DO DI DV .	J4 J9 J0 JW-J1			
					MON	THLY AVERA	GE
11,696 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	596	5,975 \$	53,125.56	\$ 8.89	.511 \$	89.14	\$ 4.54
DURABLE MED. EQUIP.	14	26	1,646.24	63.32	.002	117.59	.14
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	112	2,753	35,045.49	12.73	.235	312.91	3.00
AMBULANCES/AIR TRANS	112	2,747	26,045.49	9.48	.235	232.55	2.23
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	6	6	9,000.00	1500.00	.001	1500.00	.77
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	15	15	1,451.00	96.73	.001	96.73	.12
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	120	304	3,281.65	10.79	.026	27.35	.28
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	12	15	761.41	50.76	.001	63.45	.07
PROSTHETICS	4	5	364.03	72.81	.000	91.01	.03
ORTHOTICS	8	10	397.38	39.74	.001	49.67	.03
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	8	336.99	42.12	.001	112.33	.03
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	309	1,784	9,879.89	5.54	.153	31.97	.84
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	17	1,070	722.89	.68	.091	42.52	.06
@CALIF. CHILDREN SERVICES*	32	152	\$ 98,010.06	\$ 644.80	.013	\$ 3062.81	\$ 8.38
@XOVER EXCLUDING STATE HOSP**	18	40	\$ 262.43	\$ 6.56	.003	\$ 14.58	\$.02

 $@* \ \ \, \text{TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;}\\$

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 6,829

01/29/04

MARIPOSA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR MIN - NO SOC	- IOIAL		MONT		a =	
12 106 BLIGIBLES	Hanna	INITES OF SERVICE		717D7 CD COCE	MON'			
13,196 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST				COST PER
	6,884	OR DAYS OF CARE	0 446 200 00	PER UNIT/DAY		USER		ELIGIBLE
		83,472 \$	2,446,322.29	\$ 29.31	6.326 \$	355.36	Ş	185.38
@PHYSICIANS SERVICES	1,457	4,169 \$		\$ 41.74	.316 \$		Ş	13.19
OUTPATIENT VISITS	496	711	30,473.69	42.86	.054	61.44		2.31
OFFICE VISITS	259	307	12,144.39	39.56	.023	46.89		.92
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	119	141	8,098.24	57.43	.011	68.05		.61
PREVENTIVE CARE	2	2	78.54	39.27	.000	39.27		.01
OB VISITS/COMPRE PERI	75	197	8,285.57	42.06	.015	110.47		.63
OTHER OUTPATIENT	61	64	1,866.95	29.17	.005	30.61		.14
INPATIENT VISITS	78	163	8,986.40	55.13	.012	115.21		.68
HOSPITAL VISITS	75	141	6,579.34	46.66	.011	87.72		.50
CRITICAL CARE	6	22	2,407.06	109.41	.002	401.18		.18
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	25	28	1,246.69	44.52	.002	49.87		.09
EXAMINATIONS	25	28	1,246.69	44.52	.002	49.87		.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	81	372	40,920.20	110.00	.028	505.19		3.10
PRINCIPAL SURGEON	58	83	32,799.49	395.17	.006	565.51		2.49
ASSISTANT SURGEON	11	11	1,846.68	167.88	.001	167.88		.14
ANESTHESIOLOGIST	28	278	6,274.03	22.57	.021	224.07		.48
OUTPATIENT SURGERY	126	418	28,526.61	68.25	.032	226.40		2.16
PRINCIPAL SURGEON	98	150	22,282.89	148.55	.011	227.38		1.69
ASSISTANT SURGEON	2	2	255.22	127.61	.000	127.61		.02
ANESTHESIOLOGIST	44	266	5,988.50	22.51	.020	136.10		.45
DIALYSIS	0	0	.00	.00	.000	.00		.00
PATHOLOGY	112	307	2,461.10	8.02	.023	21.97		.19
RADIOLOGY	668	987	36,121.26	36.60	.075	54.07		2.74
PSYCHIATRY	0	0	.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	25	101	2,638.01	26.12	.008	105.52		.20
OTHER SERVICES/ALL X-OVERS	312	1,082	22,660.25	20.12	.082	72.63		1.72
@PHARMACY		22,499 \$		\$ 35.54	1.705 \$		4	60.60
	3,849 3,830	22,499 \$ 10,818	799,677.90	\$ 35.54 72.40	.820	207.76	Ş	59.36
PRESCRIPTION DRUGS	3,830 50	383	•	72.40 54.11	.820	414.46		1.57
SNF/ICF	2 000	10,435	20,723.00					
OUTPATIENTS	3,/82	•	762,539.48	73.08	.791	201.62		57.79
MEDICAL SUPPLIES	3,782 118 560	11,681	16,415.42	1.41	.885	139.11	4	1.24
@DENTIST	560	2,649 \$	111,080.82	\$ 41.93	.201 \$		Ş	8.42
VISITS - DIAGNOSTIC	348	1,522	22,937.75	15.07	.115	65.91		1.74
ORAL SURGERY	80	217	15,817.00	72.89	.016	197.71		1.20
DRUGS	8	24	320.00	13.33	.002	40.00		.02
ANESTHESIA	22	25	2,100.00	84.00	.002	95.45		.16
PERIODONTICS	17	16	1,838.00	114.88	.001	108.12		.14
ENDODONTICS	67	127	18,405.00	144.92	.010	274.70		1.39
RESTORATIVE DENTISTRY	177	545	36,455.00	66.89	.041	205.96		2.76
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	14	57	3,871.00	67.91	.004	276.50		.29
SPACE MAINTAINERS	4	5	573.00	114.60	.000	143.25		.04
MAXILLOFACIAL SERVICES	16	16	1,649.07	103.07	.001	103.07		.12
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00

ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	65 19 MEDI-CAL SERVIC FEE-FOR-SERVICE	76 19 ES AND EXPENDITURES //DENTAL	6,890.00 225.00 MONTH-OF-PAYMENT F	90.66 11.84 REPORT FOR JAN	.006 .001 2003 THRU DE	106.00 11.84 C 2003	.52 .02 PAGE 6,830 01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR MN - NO S	OC - TOTAL				
					MON	THLY AVERA	GE
13,196 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	154	386 \$	8,821.42	\$ 22.85	.029 \$	57.28	\$.67
DIAGNOSTIC AND ANC. PROCED	100	100	4,609.16	46.09	.008	46.09	.35
EYE APPLIANCES	98	271	3,583.14	13.22	.021	36.56	.27
OTHER OPTOMETRIC SERVICES	13	15	629.12	41.94	.001	48.39	.05
@CHIROPRACTOR	59	87 \$	1,442.10	\$ 16.58	.007 \$	24.44	\$.11
VISITS	57	85	1,408.66	16.57	.006	24.71	.11
OTHER SERVICES	2	2	33.44	16.72	.000	16.72	.00
@PODIATRIST	18	19 \$	115.35	\$ 6.07	.001 \$	6.41	\$.01

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	18	19	115.35	6.07	.001	6.41	.01
@HOME HEALTH AGENCY	9	13 \$	721.14	\$ 55.47	.001 \$		
NURSE ANESTHESIST	Ó	0 \$.00	\$.00	.000 \$		\$.00
NURSE MIDWIFE	1	1 \$	57.20	\$ 57.20	.000 \$	57.20	\$.00
PEDIATRIC NURSE PRACTITIONER	0	O	.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 5	.00	\$.00	.000 \$		
@TOTAL HOSPITAL	0 1,349	٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠	502,354.22	\$ 83.77	.454 \$		
	91	0 \$ 0 \$ 5,997 \$ 293				3679.24	\$ 36.07 25.37
HOSP INPATIENT TOTAL		293	334,810.59	1142.70	.022		
HSC HOSPITALS	73	233	299,811.45	1286.74	.018	4107.01	22.72
NON-HSC HOSPITAL TOTAL	8	18	26,511.35	1472.85	.001	3313.92	2.01
ACCOMMODATIONS	8	18	9,317.87	517.66	.001	1164.73	.71
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	233 18 18 0 0 18 0 42	9,317.87	517.66	.001	1164.73	.71
ANCILLARIES	8	0	17,193.48	.00	.000	2149.19	1.30
INPATIENT CROSSOVERS	11	42	8,487.79	202.09	.003	771.62	.64
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL	1,293	5,704	167,543.63	29.37	.432	129.58	12.70
MEDICAL	735	1,027	48,619.23	47.34	.078	66.15	3.68
SURGERY	109	120	9,318.24	77.65	.009	85.49	.71
PATHOLOGY	382	1,564	15,929.13	10.18	.119	41.70	1.21
RADIOLOGY	398	542	31,547.27	58.21	.041	79.26	2.39
ROOM USE	824	1,077	42,231.55	39.21	.082	51.25	3.20
CROSSOVERS/ALL OTH OUTPTNT		1,374	19,898.21	14.48	.104	34.37	1.51
@COUNTY HOSPITAL TOTAL	69	356 \$	31,977.98	\$ 89.83	.027 \$		
CO HOSPITAL INPATIENT TOTAL		25	22,720.00	908.80	.002	3786.67	1.72
HSC HOSPITALS	6	25	22,720.00	908.80	.002	3786.67	1.72
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.002	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0					
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	U	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	64	331	9,257.98	27.97	.025	144.66	.70
MEDICAL	64 21 8 21	28	756.26	27.01	.002	36.01	.06
SURGERY	8	10	155.30	15.53	.001	19.41	.01
PATHOLOGY	21	75	838.83	11.18	.006	39.94	.06
RADIOLOGY	27	36	3,583.04	99.53	.003	132.71	.27
ROOM USE	40	52	2,237.13	43.02	.004	55.93	.17
CROSSOVERS/ALL OTH OUTPTNT	32	130	1,687.42	12.98	.010	52.73	.13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES M	ONTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 6,831
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR MN - NO SOC	- TOTAL				
					MON	THLY AVERA	AGE
13,196 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
•		OR DAYS OF CARE		PER UNIT/DAY		USER	
OCOMMINITTY HOCDITAL TOTAL	1 201	E 6/1 ¢	470 276 24				Ċ 25.65

@COMMUNITY HOSPITAL TOTAL 1,301 5,641 470,376.24 83.39 .427 \$ 361.55 \$ 35.65 COMM HOSP INPATIENT TOTAL 86 268 312,090.59 1164.52 .020 3628.96 23.65 208 4135.69 HSC HOSPITALS 67 277,091.45 1332.17 .016 21.00 NON-HSC HOSPITALS TOTAL 8 18 26,511.35 1472.85 .001 3313.92 2.01 18 9,317.87 517.66 1164.73 .71 ACCOMMODATIONS .001 ADMINISTRATIVE DAYS 0 0 .00 .00 .000 .00 .00 .00 1164.73 TRANSITIONAL IP CARE 0 0 .00 .00 .000 .00 9,317.87 8 18 517.66 .71 ALL OTHER ACCOM .001 8 0 17,193.48 .000 2149.19 1.30 ANCILLARIES .00

INPATIENT CROSSOVERS	11	42		8,487.79		202.09	.003		771.62		.64
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1,247	5,373		158,285.65		29.46	.407		126.93		11.99
MEDICAL	721	999		47,862.97		47.91	.076		66.38		3.63
SURGERY	102	110		9,162.94		83.30	.008		89.83		.69
PATHOLOGY	365	1,489		15,090.30		10.13	.113		41.34		1.14
RADIOLOGY	372	506		27,964.23		55.27	.038		75.17		2.12
ROOM USE	795	1,025		39,994.42		39.02	.078		50.31		3.03
CROSSOVERS/ALL OTH OUTPTNT	555	1,244		18,210.79		14.64	.094		32.81		1.38
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	45	1,338	\$	254,959.84	\$	190.55	.101	\$	5665.77	\$	19.32
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	45	1,338		254,959.84		190.55	.101		5665.77		19.32
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	1	\$	161.86	\$	161.86		\$	161.86	\$.01
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	1		161.86		161.86	.000		161.86		.01
@REHABILITATION FACILITY	7	36	\$	1,017.66	\$			\$	145.38	\$.08
HOSPITAL BASED	7	36		1,017.66		28.27	.003		145.38		.08
INDEPENDENT FACILITY	7 0 399	0		.00		.00	.000		.00		.00
	399	1,126	\$	18,295.89	\$.085	\$	45.85	\$	1.39
PATHOLOGY	391	1,108		18,068.70		16.31	.084		46.21		1.37
XO AND OTHERS	9	18		227.19		12.62	.001		25.24		.02
@ORGANIZED OUTPATIENT CLINIC	2,897	4,701	\$	475,925.99	\$.356	\$	164.28	\$	36.07
CLINIC	37	116		3,217.08		27.73	.009		86.95		.24
SURGICENTER	44	185		7,021.70		37.96	.014		159.58		.53
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,837	4,400		465,687.21		105.84	.333		164.15		35.29
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		RES M	ONTH-OF-PAYMENT RE	EPOR:	r for Jan 20	003 THRU	DEC	2003	P	AGE 6,832
MOP024	FEE-FOR-SERVICE/DEN										01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES	SFOR MN - N	O SOC	- TOTAL						~-	
10 106			_						HLY AVERA	GE .	

							0_
13,196 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	835	40,450	\$ 97,656.69	\$ 2.41	3.065	\$ 116.95	\$ 7.40
DURABLE MED. EQUIP.	20	50	9,291.63	185.83	.004	464.58	.70
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	8	15	4,755.02	317.00	.001	594.38	.36
MEDICAL TRANSPORTATION	133	3,361	40,067.92	11.92	.255	301.26	3.04
AMBULANCES/AIR TRANS	118	2,889	28,037.52	9.70	.219	237.61	2.12
OTHER TRANS	10	284	817.72	2.88	.022	81.77	.06
OTHER SERVICES	14	188	11,212.68	59.64	.014	800.91	.85
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	2	4	284.57	71.14	.000	142.29	.02
GENETIC DISEASE TESTING	15	15	1,451.00	96.73	.001	96.73	.11
IHMC, MODEL-NF, NF, AIDS, MSSP	3	8	836.00	104.50	.001	278.67	.06
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	144	359	4,849.21	13.51	.027	33.68	.37
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	1.92	.96	.000	1.92	.00
PROSTHETIST/ORTHOTISTS	17	26	1,044.30	40.17	.002	61.43	.08

PROSTHETICS	9	16	646.92	40.43	.001	71.88	.05
ORTHOTICS	8	10	397.38	39.74	.001	49.67	.03
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	8	336.99	42.12	.001	112.33	.03
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	325	3,601	19,846.92	5.51	.273	61.07	1.50
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	185	33,001	14,891.21	.45	2.501	80.49	1.13
@CALIF. CHILDREN SERVICES*	44	209	\$ 108,245.83	\$ 517.92	.016	\$ 2460.13	\$ 8.20
@XOVER EXCLUDING STATE HOSP**	407	2,211	\$ 38,355.23	\$ 17.35	.168	\$ 94.24	\$ 2.91

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 6,833

01/29/04

MARIPOSA COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

MARIPOSA COUNTY	SUMMARY OF SER	VICES FOR MIN - SOC - AGED		AID CODE I/			
					MONT		
27 ELIGIBLES	USERS		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	53	723 \$	52,907.12	\$ 73.18	26.778 \$		\$ 1959.52
@PHYSICIANS SERVICES	6	10 \$	212.35	\$ 21.24	.370 \$	35.39	\$ 7.86
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	6	10	212.35	21.24	.370	35.39	7.86
@PHARMACY	30	141 \$	9,181.22	\$ 65.12	5.222 \$	306.04	\$ 340.05
PRESCRIPTION DRUGS	27	87	8,179.11	94.01	3.222	302.93	302.93
SNF/ICF	11	46	1,635.33	35.55	1.704	148.67	60.57
OUTPATIENTS	16	41	6,543.78	159.60	1.519	408.99	242.36
MEDICAL SUPPLIES	4	54	1,002.11	18.56	2.000	250.53	37.12
@DENTIST	3	21 \$	756.00	\$ 36.00	.778 \$	252.00	\$ 28.00
VISITS - DIAGNOSTIC	1	1	25.00	25.00	.037	25.00	.93
ORAL SURGERY	1	19	731.00	38.47	.704	731.00	27.07

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	1		.00		.00	.037		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURE	S MONT		EPORT			DEC		ī	PAGE 6,834
MOP024	FEE-FOR-SERVICE/									_	01/29/04
MARIPOSA COUNTY		CES FOR MN - SOC	C - AGE	ED	AII	CODE 17	1Y				,,
				_				ONT	HLY AVERA	GE	
27 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVEI	RAGE COST	UNITS/DAY		COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2	5	\$	132.91	Ś	26.58	.185		66.46	\$	4.92
DIAGNOSTIC AND ANC. PROCED	2	2	•	94.90		47.45	.074	•	47.45	•	3.51
EYE APPLIANCES	1	3		38.01		12.67	.111		38.01		1.41
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	•	.00	·	.00	.000	·	.00	•	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$	3.24	\$	3.24	.037	\$	3.24	\$.12
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	1	1		3.24		3.24	.037		3.24		.12
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	5	15	\$	723.60	\$	48.24	.556	\$	144.72	\$	26.80
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5	15		723.60		48.24	.556		144.72		26.80
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
DADTOLOGV	n	n		0.0		0.0	000		0.0		0.0

0

0

0

0

0

0

0

15

0

0

0

0

0

0

0

.00

.00

.00

.00

.00

.00

.00

.00

.00

\$

723.60

.00

.00

.00

.00

.00

.00

.00

.00

.00

48.24

.000

.000

.556

.000

.000

.000

.000

.000

.000

.000

\$

.00

.00

.00

.00

.00

.00

.00

.00

.00

\$

144.72

.00

.00

.00

.00

.00

.00

.00

.00

.00

26.80

RADIOLOGY

@COUNTY HOSPITAL TOTAL

ACCOMMODATIONS

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPTNT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

ROOM USE

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES	MONTH-OF-PAYMENT REPOR	RT FOR JAN 20	003 THRU DE	C 2003	PAGE 6,835
MOP024	FEE-FOR-SERVICE/	DENTAL					01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVI	CES FOR MN - SOC -	- AGED A	AID CODE 17	1Y		
				-	MON	THLY AVERAG	E
27 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES AV	ERAGE COST U	UNITS/DAYS	COST PER	COST PER

		OR DAYS OF CARE			DEB	ΙΙΝΙΤΤ / ΓΙΔΥ	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5		\$	723.60	\$	48.24	.556		144.72	\$	26.80
COMM HOSP INPATIENT TOTAL	0	0	~	.00	Υ	.00	.000	Υ	.00	~	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00					.00		.00
ANCILLARIES	0	0				.00	.000				
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	Ü	_		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	5	15		723.60		48.24	.556		144.72		26.80
MEDICAL	U	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	5	15		723.60		48.24	.556		144.72		26.80
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	13	353	\$	38,690.78	\$	109.61	13.074	\$	2976.21	\$	1432.99
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	13	353		38,690.78		109.61	13.074		2976.21		1432.99
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00	·	.00	.000	·	.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	т	.00	т.	.00	.000	т	.00	4	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	~	.00	Υ	.00	.000	Υ	.00	~	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	٧	.00	Y	.00	.000	Y	.00	٧	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6	8	\$	503.69	\$	62.96	.296	\$	83.95	\$	18.66
CLINIC CLINIC	0	0	Ų	.00	Y	.00	.000	Ÿ	.00	Ÿ	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6	0		503.69		62.96	.296		83.95		18.66
#CALIF DEPT OF HEALTH SERV	~	ES AND EXPENDITURE	'C' MC		בים חם ש			חבכ		D	AGE 6,836
MOP024	FEE-FOR-SERVICE	-	או כיי	JNIH-OF-PAIMENT R	EPORI	FOR UAN	2003 IHKU	DEC	2003	P	•
			1 7	CED	7 7	D GODE 17	1 137				01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR MN - SOC	: - F	AGED	AI.	D CODE 17			, , , , , , , , , , , , , , , , , , ,	αn	
27 FLIGTPLES	HGEDG	INTERCOL CEDITOR		EXPENDIBLE	7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7		M				
27 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
ANTI OMITED DEGITEDED	0	OR DAYS OF CARE	ė.	2 702 22			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	8		\$	2,703.33	\$			Ş	337.92	Ş	
DURABLE MED. EQUIP.	2	60		2,220.00		37.00	2.222		1110.00		82.22
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	1	93		179.32		1.93	3.444		179.32		6.64
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	1	93		179.32		1.93	3.444		179.32		6.64

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.074	26.08	.97
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	14	277.93	19.85	.519	55.59	10.29
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	14	61	\$ 1,599.85	\$ 26.23	2.259	\$ 114.28	\$ 59.25

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OM!!!!!

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,837 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MARIPOSA COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 0 .00 \$.00 .000 \$.00 \$.00 @PHYSICIANS SERVICES 0 .00 .00 .000 \$.00 \$ 0 .00 OUTPATIENT VISITS 0 .00 .00 .000 0 .00 .00 OFFICE VISITS .00 .00 .000 .00 .00 .00 .00 .00 HOME VISITS .000 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 .00 OB VISITS/COMPRE PERI .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 CRITICAL CARE .00 .000 SNF/ICF/TRANS IP CARE .00 .00 .00 .00 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 EXAMINATIONS SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 INPATIENT HOSPITAL SURGERY .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .000 .00 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 ANESTHESIOLOGIST .000 .00 .00 DIALYSIS .00 .00 .000 .00 .00 0 PATHOLOGY 0 .00 .00 .000 .00 .00 .00 0 .00 .000 RADIOLOGY 0 .00 .00 **PSYCHIATRY** .00 .00 .000 .00 .00

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$		\$.00		\$.00	
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV			S MONTH-OF-PAYMENT F	REPORT FOR JAN	1 2003 THRU D	EC 2003	PAGE 6,838
MOP024	FEE-FOR-SERVICE/						01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVI	CES FOR MN - SOC	- BLIND	AID COD			
						NTHLY AVERA	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		T UNITS/DAYS		COST PER
o o Demonstrato T. Gett	2	OR DAYS OF CARE		PER UNIT/DA		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$		\$.00	.000	•	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	U	U	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	Ü	Ü	.00	.00	.000	.00	.00

						M			GE.	
USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S (COST PER		COST PER
	OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
0	0	\$.00	\$.00		\$.00	\$.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
		OR DAYS OF CARE O	OR DAYS OF CARE O	OR DAYS OF CARE 0	OR DAYS OF CARE 0	OR DAYS OF CARE 0 \$.00 \$.00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .0	OR DAYS OF CARE 0 \$.00 \$.00 \$.00 .00 .000 .000 .000	OR DAYS OF CARE PER UNIT/DAY PER ELIG 0 0 .00 \$.00 .000 \$.00 0 0 .00 .00 .000 .000 .000 0 0 .00 .00 .000 .000 .000 .000 \$.000	OR DAYS OF CARE 0	OR DAYS OF CARE O

RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	. 0	0		.00		.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	. 0	0	т	.00	т.	.00	.000	.00	7	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MONTH	-OF-PAYMENT RE	EPORT	FOR JAN 2	003 THRU DE	C 2003	PAG	E 6,839
MOP024	FEE-FOR-SERVICE	/DENTAL								01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR MN - SO	C - BLIN	D		AID CODE	27			
							MON	THLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	COST PER	CO	ST PER
		OR DAYS OF CARE				- ,	PER ELIG	USER		IGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$		\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		0.0		0.0	000	0.0		0.0

OO EDIGIDADS	USERS	UNITS OF SERVICE	EVERNOTIOKES	AVERAGE COS.			COSI PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00

HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0 \$	}	.00 \$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$	}	.00 \$.00	.000 \$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$;	.00 \$.00	.000 \$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00		.00
SURGICENTER	0	0		.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-	PAYMENT REPOR	r for jan 2	003 THRU DE	C 2003	PAGE	6,840
MOP024	FEE-FOR-SERVICE/DENTAL							0	1/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FO	OR MN - SOC	- BLIND		AID CODE	27			

										אאמיא דעו.	G E	
00 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPEN	DITURES	AVERAGI	E COST	UNITS/DAY	S (COST PER	(COST PER
		OR DAYS OF CAR	E			PER UN	T/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0			.00		.00	.000		.00		.00
BLOOD BANK	0	0			.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0			.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0			.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0			.00		.00	.000		.00		.00
OTHER TRANS	0	0			.00		.00	.000		.00		.00
OTHER SERVICES	0	0			.00		.00	.000		.00		.00
ACUPUNCTURE	0	0			.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0			.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0			.00		.00	.000		.00		.00
OPTICIAN	0	0			.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0			.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0			.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
ORTHOTICS	0	0			.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0			.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0			.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0			.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0			.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0			.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0			.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0			.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	0	0			.00		.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE GIVE	N AS A SEPARA	TE INFORMATION	TTEM	ONLY;								

----- MONTHLY AVERAGE -----

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,841
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MARIPOSA COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

----- MONTHLY AVERAGE -----19 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 419 44,047.50 105.13 22.053 \$ 1159.14 \$ 2318.29 @PHYSICIANS SERVICES 10 157 2,217.91 \$ 14.13 8.263 \$ 221.79 \$ 116.73 24.13 72.38 OUTPATIENT VISITS 2 3 .158 36.19 3.81 1 48.00 24.00 .105 48.00 2.53 OFFICE VISITS .00 .00 .000 .00 .00 HOME VISITS EMERGENCY ROOM 1 24.38 24.38 .053 24.38 1.28 .00 .00 .00 .00 PREVENTIVE CARE .000 0 .00 .00 .000 OB VISITS/COMPRE PERI .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 .00 INPATIENT VISITS .00 .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 .00 .000 .00 OPHTHALMOLOGICAL SERVICES **EXAMINATIONS** 0 .00 .00 .000 .00 .00 0 .00 .00 .00 SERVICES AND MATERIALS .000 .00 INPATIENT HOSPITAL SURGERY 21 521.87 24.85 1.105 260.94 27.47 PRINCIPAL SURGEON .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

A COT CHANGE CUD CHOM									
ASSISTANT SURGEON	0	0	.00	١	.00	.000		.00	.00
ANESTHESIOLOGIST	2	21	521.87		24.85	1.105		260.94	27.47
	2								
OUTPATIENT SURGERY	Ü	0	.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	1	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00)	.00	.000		.00	.00
DIALYSIS	0	0	.00		.00	.000		.00	.00
PATHOLOGY	0	3	40.22		13.41	.158		20.11	2.12
	4	3							
RADIOLOGY	4	8	680.40		85.05	.421		170.10	35.81
PSYCHIATRY	0	0	.00		.00	.000		.00	.00
IMMUNIZATION AND INJECTI	ON 0	0	.00	1	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVE	RS 5	122	903.04		7.40	6.421		180.61	47.53
@PHARMACY	19		\$ 30,048.98		211.61		Ś	1581.53	\$ 1581.53
PRESCRIPTION DRUGS	19	142	30,048.98		211.61	7.474	٧	1581.53	1581.53
SNF/ICF	0	0	.00		.00	.000		.00	.00
OUTPATIENTS	19	142	30,048.98	1	211.61	7.474		1581.53	1581.53
MEDICAL SUPPLIES	0	0	.00	1	.00	.000		.00	.00
@DENTIST	2	21	\$ 1,795.00	\$	85.48	1.105	\$	897.50	\$ 94.47
VISITS - DIAGNOSTIC	1	2	70.00		35.00	.105		70.00	3.68
ORAL SURGERY	0	0	.00		.00	.000		.00	.00
	0	0							
DRUGS	U	U	.00		.00	.000		.00	.00
ANESTHESIA	0	0	.00		.00	.000		.00	.00
PERIODONTICS	1	1	200.00	1	200.00	.053		200.00	10.53
ENDODONTICS	1	2	215.00	1	107.50	.105		215.00	11.32
RESTORATIVE DENTISTRY	1	7	976.00	١	139.43	.368		976.00	51.37
PROSTHETICS	0	, O	.00		.00	.000		.00	.00
	0	0							
DENTURES, STAYPLATES	1	9	334.00		37.11	.474		334.00	17.58
SPACE MAINTAINERS	0	Ü	.00		.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	1	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	1	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	n	.00	1	.00	.000		.00	.00
	0	0							
ALL OTHER SERVICES	0 MEDI CAI SERVI	CEC AND EXDENDIBLE O	.00)	.00	.000	חבת	.00	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURE	.00)	.00	.000	DEC	.00	.00 PAGE 6,842
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVI FEE-FOR-SERVIC	CES AND EXPENDITURE E/DENTAL	.00 S MONTH-OF-PAYMENT	REPOR'	.00 F FOR JAN	.000 2003 THRU	DEC	.00	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI FEE-FOR-SERVIC	CES AND EXPENDITURE	.00 S MONTH-OF-PAYMENT	REPOR'	.00	.000 2003 THRU	DEC	.00	.00 PAGE 6,842
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVI FEE-FOR-SERVIC	CES AND EXPENDITURE E/DENTAL	.00 S MONTH-OF-PAYMENT	REPOR'	.00 F FOR JAN	.000 2003 THRU		2003	.00 PAGE 6,842 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVI FEE-FOR-SERVIC	CES AND EXPENDITURE E/DENTAL	.00 S MONTH-OF-PAYMENT	REPORT	.00 I FOR JAN S 65 67 6W	.000 2003 THRU	ONT	2003	.00 PAGE 6,842 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER	CES AND EXPENDITURE E/DENTAL EVICES FOR MN - SOC UNITS OF SERVICE	.00 S MONTH-OF-PAYMENT - DISABLED AID	REPORT CODES AVI	.00 I FOR JAN S 65 67 6W ERAGE COST	.000 2003 THRU 6Y M	ONTI	.00 2003 HLY AVERA COST PER	.00 PAGE 6,842 01/29/04 GE COST PER
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS	CES AND EXPENDITURE CE/DENTAL EVICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE	.00 S MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES	REPORT CODES AVI	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY	.000 2003 THRU 6Y M UNITS/DAY PER ELIG	ONTI	.00 2003 HLY AVERA COST PER USER	.00 PAGE 6,842 01/29/04 GE COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @OPTOMETRIST	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS	CES AND EXPENDITURE E/DENTAL EVICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 2	.00 S MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES \$ 9.85	REPORT CODES AVI PEI	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 4.93	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .105	ONTI	.00 2003 HLY AVERA COST PER USER 9.85	.00 PAGE 6,842 01/29/04 GE COST PER ELIGIBLE \$.52
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROC	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS	CES AND EXPENDITURE PEDENTAL EVICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 2 0	.00 S MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES \$ 9.85	REPORT CODE: AVI PEI	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 4.93 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .105 .000	ONTI	.00 2003 HLY AVERA COST PER USER 9.85 .00	.00 PAGE 6,842 01/29/04 GE COST PER ELIGIBLE \$.52 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROC EYE APPLIANCES	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 1 ED 0 0	CES AND EXPENDITURE E/DENTAL EVICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 2 0 0	.00 S MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES \$ 9.85 .000 .000	REPORT CODES AVI PEI	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 4.93 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .105 .000	ONTI	.00 2003 HLY AVERA COST PER USER 9.85 .00	.00 PAGE 6,842 01/29/04 GE COST PER ELIGIBLE \$.52 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROC EYE APPLIANCES OTHER OPTOMETRIC SERVICE	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 1 ED 0 0	CES AND EXPENDITURE E/DENTAL EVICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 2 0 0 0 2	.00 S MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES \$ 9.85 .00 .00 9.85	REPORT	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 4.93 .00 .00 4.93	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .105 .000 .000 .105	ONTI S (.00 2003 HLY AVERA COST PER USER 9.85 .00 .00 9.85	.00 PAGE 6,842 01/29/04 GE COST PER ELIGIBLE \$.52 .00 .00 .52
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROC EYE APPLIANCES	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 1 ED 0 0	CES AND EXPENDITURE E/DENTAL EVICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 2 0 0 0 2	.00 S MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES \$ 9.85 .000 .000	REPORT	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 4.93 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .105 .000	ONTI S (.00 2003 HLY AVERA COST PER USER 9.85 .00	.00 PAGE 6,842 01/29/04 GE COST PER ELIGIBLE \$.52 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROC EYE APPLIANCES OTHER OPTOMETRIC SERVICE	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 1 ED 0 0	CES AND EXPENDITURE E/DENTAL EVICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 2 0 0 0 2	.00 S MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES \$ 9.85 .00 .00 9.85	REPORT	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 4.93 .00 .00 4.93 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .105 .000 .000 .105	ONTI S (.00 2003 HLY AVERA COST PER USER 9.85 .00 .00 9.85	.00 PAGE 6,842 01/29/04 GE COST PER ELIGIBLE \$.52 .00 .00 .52
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROC EYE APPLIANCES OTHER OPTOMETRIC SERVICE @CHIROPRACTOR VISITS	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 1 ED 0 0	CCES AND EXPENDITURE EP / DENTAL EVICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 2 0 0 2 0 0 0	.00 S MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES \$ 9.85 .00 .00 9.85 \$.00	REPORT CODES AVI PEI \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 4.93 .00 .00 4.93 .00 .00	.000 2003 THRU 6 6Y M UNITS/DAY PER ELIG .105 .000 .000 .105 .000	ONTI S (.00 2003 HLY AVERA COST PER USER 9.85 .00 .00 9.85 .00	.00 PAGE 6,842 01/29/04 GE COST PER ELIGIBLE \$.52 .00 .00 .52 \$.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROC EYE APPLIANCES OTHER OPTOMETRIC SERVICE @CHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 1 ED 0 0	CCES AND EXPENDITURE CE/DENTAL EVICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 2 0 0 2 0 0 0 0 0	.00 S MONTH-OF-PAYMENT - DISABLED AIE EXPENDITURES \$ 9.85 .00 .00 9.85 \$.00 .00 .00 .00 .00	REPORT	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 4.93 .00 .00 4.93 .00 .00 .00	.000 2003 THRU 7 6Y M VUNITS/DAY PER ELIG .105 .000 .000 .105 .000 .000	ONTI S (\$.00 2003 HLY AVERA COST PER USER 9.85 .00 .00 9.85 .00	.00 PAGE 6,842 01/29/04 GE COST PER ELIGIBLE \$.52 .00 .00 .52 \$.00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROC EYE APPLIANCES OTHER OPTOMETRIC SERVICE @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 1 ED 0 0	CCES AND EXPENDITURE E/DENTAL EVICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 2 0 0 0 0 0 0 0	.00 S MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES \$ 9.85 .00 .00 9.85 \$.00 .00 .00 9.85	REPORT	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 4.93 .00 .00 4.93 .00 .00 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .105 .000 .000 .105 .000 .000	ONTI S (.00 2003 HLY AVERA COST PER USER 9.85 .00 .00 9.85 .00	.00 PAGE 6,842 01/29/04 GE COST PER ELIGIBLE \$.52 .00 .00 .52 \$.00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROC EYE APPLIANCES OTHER OPTOMETRIC SERVICE @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 1 ED 0 0	CCES AND EXPENDITURE CE/DENTAL EVICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 2 0 0 2 0 0 0 0 0 0	.00 S MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES \$ 9.85 .00 .00 9.85 \$.00 .00 .00 .00	REPORT CODE: AVI PEI \$ \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 4.93 .00 .00 4.93 .00 .00 .00 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .105 .000 .000 .105 .000 .000 .000	ONTI S (\$.00 2003 HLY AVERA COST PER USER 9.85 .00 .00 .00 .00	.00 PAGE 6,842 01/29/04 GE COST PER ELIGIBLE \$.52 .00 .00 .52 \$.00 .00 \$.00 \$.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROC EYE APPLIANCES OTHER OPTOMETRIC SERVICE @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 1 ED 0 0	CCES AND EXPENDITURE CE/DENTAL CVICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 2 0 0 2 0 0 0 0 0 0 0 0	.00 S MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES \$ 9.85 .00 .00 9.85 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	REPORT	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 4.93 .00 .00 4.93 .00 .00 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .105 .000 .000 .000 .000 .000	ONTI S (\$.00 2003 HLY AVERA COST PER USER 9.85 .00 .00 .00 .00	.00 PAGE 6,842 01/29/04 GE COST PER ELIGIBLE \$.52 .00 .00 .52 \$.00 .00 .00 \$.00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROC EYE APPLIANCES OTHER OPTOMETRIC SERVICE @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 1 ED 0 0	CCES AND EXPENDITURE CE/DENTAL EVICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 2 0 0 2 0 0 0 0 0 0	.00 S MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES \$ 9.85 .00 .00 9.85 \$.00 .00 .00 .00	REPORT	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 4.93 .00 .00 4.93 .00 .00 .00 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .105 .000 .000 .105 .000 .000 .000	ONTI S (\$.00 2003 HLY AVERA COST PER USER 9.85 .00 .00 .00 .00	.00 PAGE 6,842 01/29/04 GE COST PER ELIGIBLE \$.52 .00 .00 .52 \$.00 .00 \$.00 \$.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROC EYE APPLIANCES OTHER OPTOMETRIC SERVICE @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 1 ED 0 0	CCES AND EXPENDITURE CE/DENTAL CVICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 2 0 0 2 0 0 0 0 0 0 0 0	.00 S MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES \$ 9.85 .00 .00 9.85 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	REPORT	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 4.93 .00 .00 4.93 .00 .00 .00 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .105 .000 .000 .105 .000 .000 .000 .000	ONTI S (\$.00 2003 HLY AVERA COST PER USER 9.85 .00 .00 .00 .00	.00 PAGE 6,842 01/29/04 GE COST PER ELIGIBLE \$.52 .00 .00 .52 \$.00 .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROC EYE APPLIANCES OTHER OPTOMETRIC SERVICE @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS ED 0 0 0 0 0 0 0 0 0 0 0	CCES AND EXPENDITURE CE/DENTAL CVICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 2 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 S MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES \$ 9.85 .00 .00 9.85 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	REPORT	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 4.93 .00 .00 4.93 .00 .00 .00 .00 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .105 .000 .000 .000 .000 .000 .000 .000	ONT! \$ \$ \$.00 2003 HLY AVERA COST PER USER 9.85 .00 .00 .00 .00 .00	.00 PAGE 6,842 01/29/04 GE COST PER ELIGIBLE \$.52 .00 .00 .52 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROC EYE APPLIANCES OTHER OPTOMETRIC SERVICE @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS ED 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITURE E/DENTAL EVICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 2 0 0 2 0 0 0 0 0 0 0 0 0 0 0 0	.00 S MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES \$ 9.85 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	REPORT AVI PEI \$ \$ \$ \$ \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 4.93 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .105 .000 .000 .000 .000 .000 .000 .000	ONTI	.00 2003 HLY AVERA COST PER USER 9.85 .00 .00 .00 .00 .00	.00 PAGE 6,842 01/29/04 GE COST PER ELIGIBLE \$.52 .00 .00 .52 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROC EYE APPLIANCES OTHER OPTOMETRIC SERVICE @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS ED 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITURE E/DENTAL EVICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 2 0 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 S MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES \$ 9.85 .00 .00 .9.85 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	REPORT CODE: AVI PEI \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 4.93 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2003 THRU 7 6Y M 7 UNITS/DAY PER ELIG .105 .000 .000 .000 .000 .000 .000 .000	ONTI S \$ \$.00 2003 HLY AVERA COST PER USER 9.85 .00 .00 .00 .00 .00 .00	.00 PAGE 6,842 01/29/04 GE COST PER ELIGIBLE \$.52 .00 .00 .52 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROC EYE APPLIANCES OTHER OPTOMETRIC SERVICE @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITURE E/DENTAL EVICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 2 0 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 S MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES \$ 9.85 .00 .00 9.85 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	REPORT CODES AVI PEI \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 4.93 .00 .00 4.93 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2003 THRU 7 6Y M 7 UNITS/DAY PER ELIG .105 .000 .000 .000 .000 .000 .000 .000	ONTI S \$ \$ \$ \$.00 2003 HLY AVERA COST PER USER 9.85 .00 .00 .00 .00 .00 .00 .00	.00 PAGE 6,842 01/29/04 GE COST PER ELIGIBLE \$.52 .00 .00 .52 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROC EYE APPLIANCES OTHER OPTOMETRIC SERVICE @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITION	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITURE E/DENTAL EVICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 S MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES \$ 9.85 .00 .00 .00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	REPORT CODE: AVI PEI \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 4.93 .00 .00 4.93 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2003 THRU 7 6Y M 7 UNITS/DAY PER ELIG .105 .000 .000 .000 .000 .000 .000 .000	ONTT	.00 2003 HLY AVERA COST PER USER 9.85 .00 .00 .00 .00 .00 .00 .00	.00 PAGE 6,842 01/29/04 GE COST PER ELIGIBLE \$.52 .00 .00 .52 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROC EYE APPLIANCES OTHER OPTOMETRIC SERVICE @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIO FAMILY NURSE PRACTITIONER	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITURE E/DENTAL EVICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 S MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES \$ 9.85 .00 .00 .00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	REPORT CODE: AVI PEI \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 4.93 .00 .00 4.93 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2003 THRU (6Y M UNITS/DAY PER ELIG .105 .000 .000 .000 .000 .000 .000 .000	ONT O	.00 2003 HLY AVERA COST PER USER 9.85 .00 .00 .00 .00 .00 .00 .00 .00	.00 PAGE 6,842 01/29/04 GE COST PER ELIGIBLE \$.52 .00 .00 .52 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROC EYE APPLIANCES OTHER OPTOMETRIC SERVICE @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITION	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITURE E/DENTAL EVICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 S MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES \$ 9.85 .00 .00 .00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	REPORT CODE: AVI PEI \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 4.93 .00 .00 4.93 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2003 THRU 7 6Y M 7 UNITS/DAY PER ELIG .105 .000 .000 .000 .000 .000 .000 .000	ONTT	.00 2003 HLY AVERA COST PER USER 9.85 .00 .00 .00 .00 .00 .00 .00	.00 PAGE 6,842 01/29/04 GE COST PER ELIGIBLE \$.52 .00 .00 .52 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROC EYE APPLIANCES OTHER OPTOMETRIC SERVICE @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIO FAMILY NURSE PRACTITIONER	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITURE E/DENTAL EVICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 S MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES \$ 9.85 .00 .00 .00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	REPORT CODES AVI PEI \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 4.93 .00 .00 4.93 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2003 THRU (6Y M UNITS/DAY PER ELIG .105 .000 .000 .000 .000 .000 .000 .000	ONT O	.00 2003 HLY AVERA COST PER USER 9.85 .00 .00 .00 .00 .00 .00 .00 .00	.00 PAGE 6,842 01/29/04 GE COST PER ELIGIBLE \$.52 .00 .00 .52 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROC EYE APPLIANCES OTHER OPTOMETRIC SERVICE @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITURE E/DENTAL EVICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 2 0 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 S MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES \$ 9.85 .00 .00 .00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	REPORT AVI PEI \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 4.93 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .105 .000 .000 .000 .000 .000 .000 .000	ONT O	.00 2003 HLY AVERA COST PER USER 9.85 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 PAGE 6,842 01/29/04 GE COST PER ELIGIBLE \$.52 .00 .00 .52 \$.00 .00 .00 .00 .00 \$.00 .00 .00 \$.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROC EYE APPLIANCES OTHER OPTOMETRIC SERVICE @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONE FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITURE E/DENTAL EVICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 2 0 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 S MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES \$ 9.85 .00 .00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	REPORT AVI PEI \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 4.93 .00 .00 4.93 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2003 THRU (6Y M UNITS/DAY PER ELIG .105 .000 .000 .000 .000 .000 .000 .000	ONT O	.00 2003 HLY AVERA COST PER USER 9.85 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 PAGE 6,842 01/29/04 GE COST PER ELIGIBLE \$.52 .00 .00 .52 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROC EYE APPLIANCES OTHER OPTOMETRIC SERVICE @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 1 ED 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CCES AND EXPENDITURE CE/DENTAL EVICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 2 0 0 2 0 0 0 0 0 0 0 0 0 0 0 0 333 9 7	.00 S MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES \$ 9.85 .00 .00 .00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	REPORT CODES AVI PEI \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 4.93 .00 .00 4.93 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2003 THRU 7 6Y M UNITS/DAY PER ELIG .105 .000 .000 .000 .000 .000 .000 .000	ONT O	.00 2003 HLY AVERA COST PER USER 9.85 .00 .00 9.85 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 PAGE 6,842 01/29/04 GE COST PER ELIGIBLE \$.52 .00 .00 .52 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROC EYE APPLIANCES OTHER OPTOMETRIC SERVICE @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONE FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITURE E/DENTAL EVICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 2 0 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 S MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES \$ 9.85 .00 .00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	REPORT CODES AVI PEI \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 4.93 .00 .00 4.93 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2003 THRU (6Y M UNITS/DAY PER ELIG .105 .000 .000 .000 .000 .000 .000 .000	ONT O	.00 2003 HLY AVERA COST PER USER 9.85 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 PAGE 6,842 01/29/04 GE COST PER ELIGIBLE \$.52 .00 .00 .52 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.105	.00	.00
INPATIENT CROSSOVERS	U	2					
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5	24	717.80	29.91	1.263	143.56	37.78
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	5	27.75	5.55	.263	27.75	1.46
RADIOLOGY	2	2	431.11	215.56	.105	215.56	22.69
	2	0					
ROOM USE	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	17	258.94	15.23	.895	86.31	13.63
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0					
TRANSITIONAL IP CARE	U	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0					
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	Ü	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	0 MEDI-CAL SERVIC	•					.00 PAGE 6,843
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES M					PAGE 6,843
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	ES AND EXPENDITURES M /DENTAL	ONTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DE		
#CALIF DEPT OF HEALTH SERV	FEE-FOR-SERVICE	ES AND EXPENDITURES M	ONTH-OF-PAYMENT R		2003 THRU DE 6Y	C 2003	PAGE 6,843 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES M /DENTAL ICES FOR MN - SOC -	ONTH-OF-PAYMENT R	EPORT FOR JAN :	2003 THRU DE 6Y MON	C 2003 THLY AVERA	PAGE 6,843 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	ES AND EXPENDITURES M /DENTAL ICES FOR MN - SOC - UNITS OF SERVICE	ONTH-OF-PAYMENT R	EPORT FOR JAN : CODES 65 67 6W AVERAGE COST	2003 THRU DE 6Y MON UNITS/DAYS	C 2003 THLY AVERA COST PER	PAGE 6,843 01/29/04 GE COST PER
#CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES M /DENTAL ICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE	ONTH-OF-PAYMENT R DISABLED AID EXPENDITURES	EPORT FOR JAN : CODES 65 67 6W AVERAGE COST PER UNIT/DAY	2003 THRU DE 6Y MON UNITS/DAYS PER ELIG	C 2003 THLY AVERA COST PER USER	PAGE 6,843 01/29/04 GE COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES M /DENTAL ICES FOR MN - SOC - UNITS OF SERVICE	ONTH-OF-PAYMENT R	EPORT FOR JAN : CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 227.51	2003 THRU DE 6Y MON UNITS/DAYS	C 2003 THLY AVERA COST PER USER	PAGE 6,843 01/29/04 GE COST PER
#CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES M /DENTAL ICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE	ONTH-OF-PAYMENT R DISABLED AID EXPENDITURES	EPORT FOR JAN : CODES 65 67 6W AVERAGE COST PER UNIT/DAY	2003 THRU DE 6Y MON UNITS/DAYS PER ELIG	C 2003 THLY AVERA COST PER USER	PAGE 6,843 01/29/04 GE COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES M /DENTAL ICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 33 \$	ONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 7,507.80	EPORT FOR JAN : CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 227.51	6Y MON UNITS/DAYS PER ELIG 1.737 \$	C 2003 THLY AVERA COST PER USER 1251.30	PAGE 6,843 01/29/04 GE COST PER ELIGIBLE \$ 395.15
#CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES M /DENTAL ICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 33 \$ 9	ONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 7,507.80 6,790.00 6,790.00	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 227.51 754.44 970.00	6Y MON UNITS/DAYS PER ELIG 1.737 \$.474 .368	C 2003 THLY AVERA COST PER USER 1251.30 6790.00 6790.00	PAGE 6,843 01/29/04 GE COST PER ELIGIBLE \$ 395.15 357.37 357.37
#CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES M /DENTAL ICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 33 \$ 9	ONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 7,507.80 6,790.00 6,790.00 .00	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 227.51 754.44 970.00 .00	6Y MON UNITS/DAYS PER ELIG 1.737 \$.474 .368 .000	C 2003 THLY AVERA COST PER USER 1251.30 6790.00 6790.00 .00	PAGE 6,843 01/29/04 GE COST PER ELIGIBLE \$ 395.15 357.37 357.37
#CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES M /DENTAL ICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 33 \$ 9	ONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 7,507.80 6,790.00 6,790.00 .00 .00	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 227.51 754.44 970.00 .00 .00	6Y MON UNITS/DAYS PER ELIG 1.737 \$.474 .368 .000 .000	C 2003 THLY AVERA COST PER USER 1251.30 6790.00 6790.00 .00 .00	PAGE 6,843 01/29/04 GE COST PER ELIGIBLE \$ 395.15 357.37 357.37 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES M /DENTAL ICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 33 \$ 9	ONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 7,507.80 6,790.00 6,790.00 .00 .00 .00	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 227.51 754.44 970.00 .00 .00 .00	6Y MON UNITS/DAYS PER ELIG 1.737 \$.474 .368 .000 .000	THLY AVERA COST PER USER 1251.30 6790.00 6790.00 .00 .00	PAGE 6,843 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES M /DENTAL ICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 33 \$ 9	ONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 7,507.80 6,790.00 6,790.00 .00 .00 .00 .00 .00	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 227.51 754.44 970.00 .00 .00 .00 .00	6Y MON UNITS/DAYS PER ELIG 1.737 \$.474 .368 .000 .000 .000	THLY AVERA COST PER USER 1251.30 6790.00 6790.00 .00 .00	PAGE 6,843 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES M /DENTAL ICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 33 \$ 9	ONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 7,507.80 6,790.00 6,790.00 .00 .00 .00 .00 .00	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 227.51 754.44 970.00 .00 .00 .00 .00 .00	6Y MON UNITS/DAYS PER ELIG 1.737 \$.474 .368 .000 .000 .000 .000	THLY AVERA COST PER USER 1251.30 6790.00 6790.00 .00 .00	PAGE 6,843 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES M /DENTAL ICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 33 \$ 9	ONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 7,507.80 6,790.00 6,790.00 .00 .00 .00 .00 .00	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 227.51 754.44 970.00 .00 .00 .00 .00	6Y MON UNITS/DAYS PER ELIG 1.737 \$.474 .368 .000 .000 .000	C 2003 THLY AVERA COST PER USER 1251.30 6790.00 6790.00 .00 .00 .00 .00	PAGE 6,843 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES M /DENTAL ICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 33 \$ 9	ONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 7,507.80 6,790.00 6,790.00 .00 .00 .00 .00 .00	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 227.51 754.44 970.00 .00 .00 .00 .00 .00	6Y MON UNITS/DAYS PER ELIG 1.737 \$.474 .368 .000 .000 .000 .000	THLY AVERA COST PER USER 1251.30 6790.00 6790.00 .00 .00	PAGE 6,843 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES M /DENTAL ICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 33 \$ 9	ONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 7,507.80 6,790.00 6,790.00 .00 .00 .00 .00 .00 .00 .00	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 227.51 754.44 970.00 .00 .00 .00 .00 .00 .00	6Y MON UNITS/DAYS PER ELIG 1.737 \$.474 .368 .000 .000 .000 .000 .000	THLY AVERA COST PER USER 1251.30 6790.00 6790.00 .00 .00 .00 .00	PAGE 6,843 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES M /DENTAL ICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 33 \$ 9 7 0 0 0 0 0 0 0 2	ONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 7,507.80 6,790.00 6,790.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 227.51 754.44 970.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	6Y MON UNITS/DAYS PER ELIG 1.737 \$.474 .368 .000 .000 .000 .000 .000 .000 .000 .0	C 2003 THLY AVERA COST PER USER 1251.30 6790.00 6790.00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 6,843 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6 1 1 0 0 0 0 0 0 0 0 5	ES AND EXPENDITURES M /DENTAL ICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 33 \$ 9 7 0 0 0 0 0 2 0 24	ONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 7,507.80 6,790.00 6,790.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 227.51 754.44 970.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	6Y MON UNITS/DAYS PER ELIG 1.737 \$.474 .368 .000 .000 .000 .000 .000 .000 .105 .000 1.263	C 2003 THLY AVERA COST PER USER 1251.30 6790.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PAGE 6,843 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6 1 1 0 0 0 0 0 0 0 0 5 0	ES AND EXPENDITURES M /DENTAL ICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 33 \$ 9 7 0 0 0 0 0 2 0 24 0	ONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 7,507.80 6,790.00 6,790.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 227.51 754.44 970.00 .00 .00 .00 .00 .00 .00	6Y MON UNITS/DAYS PER ELIG 1.737 \$.474 .368 .000 .000 .000 .000 .000 .000 .000 .105 .000 1.263 .000	C 2003 THLY AVERA COST PER USER 1251.30 6790.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PAGE 6,843 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES M /DENTAL ICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 33 \$ 9 7 0 0 0 0 0 2 2 0 24 0 0	ONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 7,507.80 6,790.00 6,790.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 227.51 754.44 970.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	6Y MON UNITS/DAYS PER ELIG 1.737 \$.474 .368 .000 .000 .000 .000 .000 .000 .000 .0	C 2003 THLY AVERA COST PER USER 1251.30 6790.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PAGE 6,843 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6 1 1 0 0 0 0 0 0 0 0 0 0 1	ES AND EXPENDITURES M /DENTAL ICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 33 \$ 9 7 0 0 0 0 0 2 2 0 24 0 0 5	ONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 7,507.80 6,790.00 6,790.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 227.51 754.44 970.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	6Y MON UNITS/DAYS PER ELIG 1.737 \$.474 .368 .000 .000 .000 .000 .000 .000 .000 .0	C 2003 THLY AVERA COST PER USER 1251.30 6790.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PAGE 6,843 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6 1 1 0 0 0 0 0 0 0 0 0 1 2	ES AND EXPENDITURES M /DENTAL ICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 33 \$ 9 7 0 0 0 0 0 2 4 0 0 24 0 0 5 2	ONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 7,507.80 6,790.00 6,790.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 227.51 754.44 970.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	6Y MON UNITS/DAYS PER ELIG 1.737 \$.474 .368 .000 .000 .000 .000 .000 .000 .000 .0	C 2003 THLY AVERA COST PER USER 1251.30 6790.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PAGE 6,843 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6 1 1 0 0 0 0 0 0 0 0 1 2 0	ES AND EXPENDITURES M /DENTAL ICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 33 \$ 9 7 0 0 0 0 0 2 0 24 0 24 0 5 2 0	ONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 7,507.80 6,790.00 6,790.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 227.51 754.44 970.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	6Y MON UNITS/DAYS PER ELIG 1.737 \$.474 .368 .000 .000 .000 .000 .000 .000 .105 .000 .105 .000 .1263 .000 .263 .105 .000	C 2003 THLY AVERAL COST PER USER 1251.30 6790.00 6790.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PAGE 6,843 01/29/04 GE COST PER ELIGIBLE \$ 395.15 357.37 .00 .00 .00 .00 .00 .00 .00 .0
#CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6 1 1 0 0 0 0 0 0 0 0 0 1 2	ES AND EXPENDITURES M /DENTAL ICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 33 \$ 9 7 0 0 0 0 0 2 4 0 0 24 0 0 5 2	ONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 7,507.80 6,790.00 6,790.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 227.51 754.44 970.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	6Y MON UNITS/DAYS PER ELIG 1.737 \$.474 .368 .000 .000 .000 .000 .000 .000 .000 .0	C 2003 THLY AVERA COST PER USER 1251.30 6790.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PAGE 6,843 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6 1 1 0 0 0 0 0 0 0 0 1 2 0	ES AND EXPENDITURES M /DENTAL ICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 33 \$ 9 7 0 0 0 0 0 2 0 24 0 24 0 5 2 0 17	ONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 7,507.80 6,790.00 6,790.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 227.51 754.44 970.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	6Y MON UNITS/DAYS PER ELIG 1.737 \$.474 .368 .000 .000 .000 .000 .000 .000 .105 .000 1.263 .000 .263 .105 .000	C 2003 THLY AVERAL COST PER USER 1251.30 6790.00 6790.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PAGE 6,843 01/29/04 GE COST PER ELIGIBLE \$ 395.15 357.37 .00 .00 .00 .00 .00 .00 .00 .0
#CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6 1 1 0 0 0 0 0 0 0 5 0 0 1 2 0 3	ES AND EXPENDITURES M /DENTAL ICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 33 \$ 9 7 0 0 0 0 2 0 24 0 0 24 0 0 17	ONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 7,507.80 6,790.00 6,790.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 227.51 754.44 970.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	6Y MON UNITS/DAYS PER ELIG 1.737 \$.474 .368 .000 .000 .000 .000 .000 .000 .000 .105 .000 1.263 .000 .263 .105 .000 .263 .105 .000 .895 .000 \$	C 2003 THLY AVERA COST PER USER 1251.30 6790.00 6790.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PAGE 6,843 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6 1 1 0 0 0 0 0 0 0 1 2 0 1 2 0 3 0 0 0	ES AND EXPENDITURES M /DENTAL ICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 33 \$ 9 7 0 0 0 0 0 24 0 24 0 0 5 2 0 17 0 \$ 0	ONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 7,507.80 6,790.00 6,790.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 227.51 754.44 970.00 .00	6Y MON UNITS/DAYS PER ELIG 1.737 \$.474 .368 .000 .000 .000 .000 .000 .000 .000 .0	C 2003 THLY AVERA COST PER USER 1251.30 6790.00 6790.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PAGE 6,843 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6 1 1 0 0 0 0 0 0 0 0 1 2 0 1 2 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES M /DENTAL ICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 33 \$ 9 7 0 0 0 0 0 2 2 0 24 0 0 24 0 17 0 \$ 0 17 0 \$ 0 0	ONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 7,507.80 6,790.00 6,790.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 227.51 754.44 970.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	6Y MON UNITS/DAYS PER ELIG 1.737 \$.474 .368 .000 .000 .000 .000 .000 .000 .105 .000 .105 .000 .105 .000 .263 .105 .000 .263 .105 .000 .895 .000 .895 .000 .000	C 2003 THLY AVERA COST PER USER 1251.30 6790.00 6790.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PAGE 6,843 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6 1 1 0 0 0 0 0 0 0 1 2 0 1 2 0 3 0 0 0 1 1 2 1 1 2 1 1 1 1 2 1 1 1 1 1 1	ES AND EXPENDITURES M /DENTAL ICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 33 \$ 9 7 0 0 0 0 0 24 0 0 24 0 0 17 0 \$ 0 17 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 5 2 0 0 0 5 2 0 0 0 5 2 0 0 0 5 2 0 0 0 5 2 0 0 0 0	ONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 7,507.80 6,790.00 6,790.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 227.51	6Y MON UNITS/DAYS PER ELIG 1.737 \$.474 .368 .000 .000 .000 .000 .000 .000 .105 .000 .105 .000 .105 .000 .263 .105 .000 .263 .105 .000 .895 .000 .895 .000 .000 .000 .000 .000 .000 .000 .0	C 2003 THLY AVERA COST PER USER 1251.30 6790.00 6790.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PAGE 6,843 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 19 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6 1 1 0 0 0 0 0 0 0 0 1 2 0 1 2 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES M /DENTAL ICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 33 \$ 9 7 0 0 0 0 0 2 2 0 24 0 0 24 0 17 0 \$ 0 17 0 \$ 0 0	ONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 7,507.80 6,790.00 6,790.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	EPORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 227.51 754.44 970.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	6Y MON UNITS/DAYS PER ELIG 1.737 \$.474 .368 .000 .000 .000 .000 .000 .000 .105 .000 .105 .000 .105 .000 .263 .105 .000 .263 .105 .000 .895 .000 .895 .000 .000	C 2003 THLY AVERA COST PER USER 1251.30 6790.00 6790.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PAGE 6,843 01/29/04 GE

LEV B-REHAB MD	Ω	n		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0									
LEV B-TRANSITIONAL IP CARE	U	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	0		1,904.00		.00	.000		1904.00		100.21
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Ψ	.00	Υ	.00	.000	~	.00	~	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
	0		4		4			4		4	
@REHABILITATION FACILITY	U	0	\$.00	\$.00	.000	Ş	.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	2	\$	12.36	\$	6.18	.105	\$	6.18	\$.65
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	2	2		12.36		6.18	.105		6.18		.65
@ORGANIZED OUTPATIENT CLINIC	11		\$	387.19	\$	29.78	.684	Ś	35.20	\$	20.38
CLINIC	0	0	Ψ	.00	Υ	.00	.000	~	.00	~	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
	0	0									
HEROIN DETOX CLINIC	U	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	11	13		387.19		29.78	.684		35.20	_	20.38
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	S	MONTH-OF-PAYMENT R	REPOR	T FOR JAN	2003 THRU	DEC	2003	Р	AGE 6,844
MOP024	FEE-FOR-SERVICE	I/DENTAL									01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR MN - SOC	! -	DISABLED AID	CODE	S 65 67 6W	6Y				
							M	IONT:	HLY AVERA	GE	
19 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S (COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	5		\$	164.41	Ŝ	3.36	2.579		32.88	\$	8.65
DURABLE MED. EQUIP.	0	0	Ψ	.00	Υ	.00	.000	~	.00	~	.00
~	0	0		.00		.00	.000		.00		
BLOOD BANK	0	0									.00
HEARING AID DISPENSERS	U	U		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0									
OPTICIAN	<u> </u>	2		26.08		13.04	.105		26.08		1.37
PHYSICAL THERAPIST	0	Ü		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
ORTHOTICS	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000		.00		.00
	0	0									
NONINST BIRTHING CENTERS	U	U		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	U	U		.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	4	47		138.33		2.94	2.474		34.58		7.28
@CALIF. CHILDREN SERVICES*	n n	0	Ś	.00	Ś	.00	.000	Ś	.00	\$.00
@XOVER EXCLUDING STATE HOSP**	12	190	\$	3,245.45	Š	17.08	10.000	\$	270.45	\$	170.81
@* TOTALS IN THESE LINES ARE					Y	17.00	10.000	Y	2,0.43	Y	1,0.01
AND CENTER TOTALL III OF THE CONTROL	OTABIA WO W ORLAU	TILL TIME ORNIAL TOWN II	1*1 نند .	. OTATIT!							

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,845 01/29/04

MARIPOSA COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

					MON	ITHLY AVERAC	BE
31 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	51	979	\$ 51,646.87	\$ 52.75	31.581	1012.68	\$ 1666.03
@PHYSICIANS SERVICES	19	727	\$ 36,820.27	\$ 50.65	23.452	1937.91	\$ 1187.75
OUTPATIENT VISITS	7	20	555.15	27.76	.645	79.31	17.91
OFFICE VISITS	4	17	348.70	20.51	.548	87.18	11.25
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	136.70	68.35	.065	68.35	4.41
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	1	1		69.75		69.75	.032		69.75		2.25
INPATIENT VISITS	2	8		671.45		83.93	.258		335.73		21.66
HOSPITAL VISITS	1	7		372.45		53.21	.226		372.45		12.01
CRITICAL CARE	1	1		299.00		299.00	.032		299.00		9.65
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	4	4		3,045.75		761.44	.129		761.44		98.25
PRINCIPAL SURGEON	2	2		2,563.63		1281.82	.065		1281.82		82.70
ASSISTANT SURGEON	2	2		482.12		241.06	.065		241.06		15.55
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	7	35		1,450.42		41.44	1.129		207.20		46.79
PRINCIPAL SURGEON	6	16		1,117.83		69.86	.516		186.31		36.06
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	19		332.59		17.50	.613		166.30		10.73
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	4	9		132.08		14.68	.290		33.02		4.26
RADIOLOGY	7	15		867.93		57.86	.484		123.99		28.00
PSYCHIATRY	,	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	3	587		29,134.29		49.63	18.935		9711.43		939.82
OTHER SERVICES/ALL X-OVERS	4	49		963.20		19.66	1.581		240.80		31.07
@PHARMACY	14	84	\$	2,133.79	\$	25.40	2.710	Ġ	152.41	Ġ	68.83
PRESCRIPTION DRUGS	14	29	Ą	2,133.79	Ą	73.10	.935	Ą	151.43	Ą	68.39
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	14	29		2,119.99		73.10	.935		151.43		68.39
MEDICAL SUPPLIES	1	55		13.80		.25	1.774		13.80		.45
@DENTIST	0	0	\$.00	\$.00	.000	Ġ	.00	Ġ	.00
VISITS - DIAGNOSTIC	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
•	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES								550		Б.	
#CALIF DEPT OF HEALTH SERV MOP024			KES .	MONTH-OF-PAYMENT R	EPORT	FOR JAN 2	ZUU3 THRU I	JEC.	2003	PF	AGE 6,846 01/29/04
	FEE-FOR-SERVICE		20		FD (D 27					01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	/ICES FOR MN - SC)C -	FAMILIES AID CODE	5R 6	R 3/	3.57			a =	
21 BLIGIDLES	HCERC	INITEG OF GERMAN	7	ENDENDIMINE	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	DAGE GOGE	MO			_	
31 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS				COST PER
AODEOMEED I CE	3	OR DAYS OF CARE		105 60			PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	3	·	\$	195.69	\$	27.96	.226	Þ	65.23	Þ	6.31
DIAGNOSTIC AND ANC. PROCED	3	3		142.35		47.45	.097		47.45		4.59

							OTA 1	IIIDI AVEKA	40	
31 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	3	7	\$ 195.69	\$	27.96	.226	\$	65.23	\$	6.31
DIAGNOSTIC AND ANC. PROCED	3	3	142.35		47.45	.097		47.45		4.59
EYE APPLIANCES	2	4	53.34		13.34	.129		26.67		1.72
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00

@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 s	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$ 0 \$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000		\$.00
@TOTAL HOSPITAL	18	79 \$	10,167.17	Ġ.	128.70	2.548	\$ 564.84	•
				Ą				
HOSP INPATIENT TOTAL	2	7	7,489.89		1069.98	. 226	3744.95	241.61
HSC HOSPITALS	2	7	7,489.89		1069.98	. 226	3744.95	241.61
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00	.00
ANCILLARIES	0	0	.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00	.00
	0	0			.00		.00	.00
ALL OTHER INPATIENT	16		.00			.000		
HOSP OUTPATIENT TOTAL	16	72	2,677.28		37.18	2.323	167.33	86.36
MEDICAL	9	13	709.83		54.60	.419	78.87	22.90
SURGERY	2	3	187.29		62.43	.097	93.65	6.04
PATHOLOGY	7	22	156.02		7.09	.710	22.29	5.03
RADIOLOGY	8	9	895.79		99.53	.290	111.97	28.90
ROOM USE	8	10	415.03		41.50	.323	51.88	13.39
CROSSOVERS/ALL OTH OUTPTNT	6	15	313.32		20.89	.484	52.22	10.11
@COUNTY HOSPITAL TOTAL	2	2 \$		\$	11.73	.065		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	Ų	.00	.000	.00	
	0							.00
HSC HOSPITALS	0	0	.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00	.00
ANCILLARIES	0	0	.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	Ô	.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00
	0	0						
CO HOSP OUTPATIENT TOTAL	2	2	23.45		11.73	.065	11.73	.76
MEDICAL	Ü	Ü	.00		.00	.000	.00	.00
SURGERY	0	0	.00		.00	.000	.00	.00
PATHOLOGY	0	0	.00		.00	.000	.00	.00
RADIOLOGY	2	2	23.45		11.73	.065	11.73	.76
ROOM USE	0	0	.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPOR				PAGE 6,847
MOP024	FEE-FOR-SERVICE		01 10		1 1 011 0111		220 2005	01/29/04
MARIPOSA COUNTY		•	- FAMILIES AID CODE	5D	6D 37			01/25/09
MAKIFOSA COUNTI	SUMMAKI OF SERV	ICES FOR MIN - SOC	- FAMILIES AID CODE	JIC	OK 37	M	ONTHLY AVER	\CE
21 FITGIRI	HOEDG	INTEG OF GEDVICE	EXPENIPLEMENT	7. 7. 7				
31 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				S COST PER	COST PER
		OR DAYS OF CARE				PER ELIG		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	16	77 \$		\$		2.484		
COMM HOSP INPATIENT TOTAL	2	7	7,489.89		1069.98	.226	3744.95	241.61
HSC HOSPITALS	2	7	7,489.89		1069.98	.226	3744.95	241.61
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
	0	0						
ALL OTHER ACCOM	•	•	.00		.00	.000	.00	.00
ANCILLARIES	0	0	.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	14	70	2,653.83		37.91	2.258	189.56	85.61
MEDICAL	9	13	709.83		54.60	.419	78.87	22.90

SURGERY	2	3		187.29		62.43	.097		93.65		6.04
PATHOLOGY	7	22		156.02		7.09	.710		22.29		5.03
RADIOLOGY	6	7		872.34		124.62	.226		145.39		28.14
ROOM USE	8	10		415.03		41.50	.323		51.88		13.39
CROSSOVERS/ALL OTH OUTPTNT	6	15		313.32		20.89	.484		52.22		10.11
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	17	\$	362.88	\$	21.35	.548	\$	72.58	\$	11.71
PATHOLOGY	5	17		362.88		21.35	.548		72.58		11.71
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	9	13	\$	1,416.72	\$	108.98	.419	\$	157.41	\$	45.70
CLINIC	1	3		65.46		21.82	.097		65.46		2.11
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	8	10		1,351.26		135.13	.323		168.91		43.59
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITU	JRES I	MONTH-OF-PAYMENT R	EPOR'	r for jan 2	2003 THRU	DEC	2003	\mathbf{P}^{T}	AGE 6,848
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR MN - S	SOC -	FAMILIES AID CODE	5R (5R 37					
							M	ONTI	HLY AVERA	GE ·	
31 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S (COST PER	(COST PER
		OR DAYS OF CAR	RE		PEI	R UNIT/DAY			USER	I	ELIGIBLE
@ALL OTHER PROVIDERS	6	52	\$	550.35	\$	10.58	1.677	\$	91.73	\$	17.75

					11011		
31 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	6	52 \$	550.35	\$ 10.58	1.677 \$	91.73	\$ 17.75
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	47	499.76	10.63	1.516	166.59	16.12
AMBULANCES/AIR TRANS	3	47	499.76	10.63	1.516	166.59	16.12
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	40.76	10.19	.129	20.38	1.31
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	9.83	9.83	.032	9.83	.32
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	4	13	\$ 2,819.92	\$ 216.92	.419	\$ 704.98	\$ 90.97
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,849
MOP024 FEE-FOR-SERVICE/DENTAL
MARIPOSA COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

MARIPOSA COUNTY	SUMMARY OF SERV	VICES FOR MIN - SOC -	IOIAL		MON		GE
77 BLIGIDI BG	HGEDG	INITES OF SERVICE	EADENDIMIDEO	AVERAGE COST	MON		-
77 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				COST PER
omomit itt proutbing	1.40	OR DAYS OF CARE	140 601 40	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	142	2,121 \$	148,601.49	\$ 70.06	27.545 \$		\$ 1929.89
@PHYSICIANS SERVICES	35	894 \$	39,250.53	\$ 43.90	11.610 \$		
OUTPATIENT VISITS	9	23	627.53	27.28	. 299	69.73	8.15
OFFICE VISITS	5	19	396.70	20.88	. 247	79.34	5.15
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	161.08	53.69	.039	53.69	2.09
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	69.75	69.75	.013	69.75	.91
INPATIENT VISITS	2	8	671.45	83.93	.104	335.73	8.72
HOSPITAL VISITS	1	7	372.45	53.21	.091	372.45	4.84
CRITICAL CARE	1	1	299.00	299.00	.013	299.00	3.88
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	25	3,567.62	142.70	.325	594.60	46.33
PRINCIPAL SURGEON	2	2	2,563.63	1281.82	.026	1281.82	33.29
ASSISTANT SURGEON	2	2	482.12	241.06	.026	241.06	6.26
ANESTHESIOLOGIST	2	21	521.87	24.85	.273	260.94	6.78
OUTPATIENT SURGERY	7	35	1,450.42	41.44	.455	207.20	18.84
PRINCIPAL SURGEON	6	16	1,117.83	69.86	.208	186.31	14.52
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	19	332.59	17.50	. 247	166.30	4.32
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	12	172.30	14.36	.156	28.72	2.24
RADIOLOGY	11	23	1,548.33	67.32	.299	140.76	20.11
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	587	29,134.29	49.63	7.623	9711.43	378.37
OTHER SERVICES/ALL X-OVERS	15	181	2,078.59	11.48	2.351	138.57	26.99
@PHARMACY	63	367 \$	41,363.99	\$ 112.71	4.766 \$		
PRESCRIPTION DRUGS	60	258	40,348.08	156.39	3.351	672.47	524.00
SNF/ICF	11	46	1,635.33	35.55	.597	148.67	21.24
OUTPATIENTS	49	212	38,712.75	182.61	2.753	790.06	502.76
MEDICAL SUPPLIES	5	109	1,015.91	9.32	1.416	203.18	13.19
@DENTIST	5	42 \$	2,551.00	\$ 60.74	.545 \$		
VISITS - DIAGNOSTIC	2	3	95.00	31.67	.039	47.50	1.23
ORAL SURGERY	1	19	731.00	38.47	.247	731.00	9.49
	0	0		.00	.000		
DRUGS	0	0	.00		.000	.00	.00
ANESTHESIA	1	1		.00		.00	.00
PERIODONTICS	1	2	200.00	200.00	.013	200.00	2.60
ENDODONTICS	1	۷	215.00	107.50	.026	215.00	2.79

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

1	7	976.00	139.43	. 091	976.00	12.68
0	0	.00	.00		.00	.00
2	10	334.00	33.40	.130	167.00	4.34
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
MEDI-CAL SERVICE	S AND EXPENDITURES MC	NTH-OF-PAYMENT REP	ORT FOR JAN 2	003 THRU DE	C 2003	PAGE 6,850
FEE-FOR-SERVICE	DENTAL					01/29/04
SUMMARY OF SERVI	CES FOR MN - SOC - T	COTAL				
				MON	THLY AVERAG	E
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
6	14 \$.182 \$	56.41	\$ 4.40
5	5	237.25	47.45	.065	47.45	3.08
	FEE-FOR-SERVICE/ SUMMARY OF SERVI	FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MN - SOC - T USERS UNITS OF SERVICE OR DAYS OF CARE	2 10 334.00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REP FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MN - SOC - TOTAL USERS UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE	0 0 0 .00 .00 2 10 334.00 33.40 0 0 0 .00 .00 0 0 0 .00 .00 0 0 0 .00 .0	0 0 0 .00 .00 .000 2 10 334.00 33.40 .130 0 0 0 .00 .00 .000 0 0 0 .00 .00 .000 0 0 0 .00 .0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

	_	_		_					
EYE APPLIANCES	3	7	91.3		13.05	.091	30.45		1.19
OTHER OPTOMETRIC SERVICES	1	2	9.8		4.93	.026	9.85		.13
@CHIROPRACTOR	0	0	\$.0	0 \$.00	.000 \$		\$.00
VISITS	0	0	.0	0	.00	.000	.00		.00
OTHER SERVICES	0	0	.0	0	.00	.000	.00		.00
@PODIATRIST	1		\$ 3.2		3.24	.013 \$	3.24	\$.04
MEDICINE/INJECTIONS	0	0	.0		.00	.000	.00	Ų	.00
	0	_					.00		
SURGERY/ANES.	_	0	.0		.00	.000			.00
RADIO./PATHOLOGY	0	0	.0		.00	.000	.00		.00
OTHER	1	1	3.2		3.24	.013	3.24		.04
@HOME HEALTH AGENCY	0	0	\$.0	0 \$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0	\$.0	0 \$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0	\$.0		.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.0		.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.0		.00	.000 \$.00	\$.00
	29		\$ 18,398.5		144.87		634.43	\$	238.94
@TOTAL HOSPITAL			- /				034.43	Ą	
HOSP INPATIENT TOTAL	3	16	14,279.8		892.49	.208	4759.96		185.45
HSC HOSPITALS	3	14	14,279.8		1019.99	.182	4759.96		185.45
NON-HSC HOSPITAL TOTAL	0	0	.0	0	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.0	0	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.0	0	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.0	0	.00	.000	.00		.00
ALL OTHER ACCOM	Ö	0	.0		.00	.000	.00		.00
ANCILLARIES	0	0	.0		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	2	.0		.00	.026	.00		.00
	0	0							
ALL OTHER INPATIENT	-		.0		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	26	111	4,118.6		37.11	1.442	158.41		53.49
MEDICAL	9	13	709.8		54.60	.169	78.87		9.22
SURGERY	2	3	187.2		62.43	.039	93.65		2.43
PATHOLOGY	8	27	183.7		6.81	.351	22.97		2.39
RADIOLOGY	10	11	1,326.9	0	120.63	.143	132.69		17.23
ROOM USE	8	10	415.0	3	41.50	.130	51.88		5.39
CROSSOVERS/ALL OTH OUTPTNT	14	47	1,295.8	6	27.57	.610	92.56		16.83
@COUNTY HOSPITAL TOTAL	2	2	\$ 23.4	5 \$	11.73	.026 \$	11.73	\$.30
CO HOSPITAL INPATIENT TOTAL	0	0	.0		.00	.000	.00	•	.00
HSC HOSPITALS	0	0	.0		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.0		.00	.000	.00		.00
ACCOMMODATIONS	0	0	.0		.00	.000	.00		.00
	0						.00		
ADMINISTRATIVE DAYS	_	0	.0		.00	.000			.00
TRANSITIONAL IP CARE	0	0	.0		.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.0	U	.00	.000	.00		.00
ANCILLARIES	0								.00
INPATIENT CROSSOVERS	•	0	.0		.00	.000	.00		
	0	0	.0		.00 .00	.000	.00		.00
ALL OTHER INPATIENT	0			0					
ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL	•	0	.0	0 0	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.0	0 0 5	.00 .00 11.73	.000	.00		.00
CO HOSP OUTPATIENT TOTAL MEDICAL	0 2	0 0 2 0	.0 .0 23.4 .0	0 0 5 0	.00 .00 11.73 .00	.000 .000 .026 .000	.00 .00 11.73 .00		.00 .00 .30 .00
CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY	0 2 0 0	0 0 2 0 0	.0 .0 23.4 .0	0 0 5 0	.00 .00 11.73 .00	.000 .000 .026 .000	.00 .00 11.73 .00		.00 .00 .30 .00
CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	0 2 0 0	0 0 2 0 0	.0 .0 23.4 .0 .0	0 0 5 0 0	.00 .00 11.73 .00 .00	.000 .000 .026 .000 .000	.00 .00 11.73 .00 .00		.00 .00 .30 .00 .00
CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	0 2 0 0 0 2	0 0 2 0 0 0 2	.0 .0 23.4 .0 .0 .0	0 0 5 0 0 0	.00 .00 11.73 .00 .00	.000 .000 .026 .000 .000	.00 .00 11.73 .00 .00 .00		.00 .00 .30 .00 .00 .00
CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	0 2 0 0 0 2 0	0 0 2 0 0 0 2 2	.0 .0 23.4 .0 .0 .0 .0 23.4	0 0 5 0 0 0 0 5	.00 .00 11.73 .00 .00 .00	.000 .000 .026 .000 .000 .000	.00 .00 11.73 .00 .00 .00 11.73		.00 .00 .30 .00 .00 .00
CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0 2 0 0 0 2 0	0 0 2 0 0 0 2 0	.0 .0 23.4 .0 .0 .0 23.4 .0	0 0 5 0 0 0 0 5 0	.00 .00 11.73 .00 .00 .00 11.73 .00	.000 .000 .026 .000 .000 .000 .026 .000	.00 .00 11.73 .00 .00 .00 11.73 .00		.00 .00 .30 .00 .00 .30 .00
CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	0 2 0 0 0 2 2 0 0 MEDI-CAL SERVIC	0 0 2 0 0 0 2 0 0 0 0	.0 .0 23.4 .0 .0 .0 .0 23.4	0 0 5 0 0 0 0 5 0	.00 .00 11.73 .00 .00 .00 11.73 .00	.000 .000 .026 .000 .000 .000 .026 .000	.00 .00 11.73 .00 .00 .00 11.73 .00	P.A	.00 .00 .30 .00 .00 .30 .00 .00
CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	0 2 0 0 0 2 0 0 0 MEDI-CAL SERVICE	0 0 2 0 0 0 2 0 0 0 ES AND EXPENDITURE	.0 .0 23.4 .0 .0 .0 23.4 .0 .0 S MONTH-OF-PAYMENT	0 0 5 0 0 0 0 5 0	.00 .00 11.73 .00 .00 .00 11.73 .00	.000 .000 .026 .000 .000 .000 .026 .000	.00 .00 11.73 .00 .00 .00 11.73 .00	P.A	.00 .00 .30 .00 .00 .30 .00
CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	0 2 0 0 0 2 0 0 0 MEDI-CAL SERVICE	0 0 2 0 0 0 2 0 0 0 0	.0 .0 23.4 .0 .0 .0 23.4 .0 .0 S MONTH-OF-PAYMENT	0 0 5 0 0 0 0 5 0	.00 .00 11.73 .00 .00 .00 11.73 .00	.000 .000 .026 .000 .000 .000 .026 .000 .000	.00 .00 11.73 .00 .00 .00 11.73 .00 .00		.00 .00 .30 .00 .00 .00 .30 .00 .00 .00
CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY	0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 2 0 0 0 2 0 0 ES AND EXPENDITURE /DENTAL ICES FOR MN - SOC	.0 .0 23.4 .0 .0 .0 23.4 .0 .0 S MONTH-OF-PAYMENT	0 0 5 0 0 0 5 5 0 0 REPORI	.00 .00 11.73 .00 .00 .00 11.73 .00 .00	.000 .000 .026 .000 .000 .000 .026 .000 .000	.00 .00 11.73 .00 .00 .00 11.73 .00 .00	GE -	.00 .00 .30 .00 .00 .00 .30 .00 .00 .GE 6,851 01/29/04
CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	0 2 0 0 0 2 0 0 0 MEDI-CAL SERVICE	0 0 2 0 0 0 2 2 0 0 0 2 0 0 ES AND EXPENDITURE /DENTAL ICES FOR MN - SOC	.0 .0 23.4 .0 .0 .0 23.4 .0 .0 S MONTH-OF-PAYMENT	0 0 5 0 0 0 5 0 0 REPORT	.00 .00 11.73 .00 .00 .00 .11.73 .00 .00 .T FOR JAN	.000 .000 .026 .000 .000 .000 .026 .000 .000	.00 .00 11.73 .00 .00 .00 11.73 .00 .00 C 2003	GE -	.00 .00 .30 .00 .00 .00 .30 .00 .00 .00
CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 77 ELIGIBLES	0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 2 0 0 0 0 2 0 0 0 2 0 0 0 ES AND EXPENDITURE /DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE	.0 .0 23.4 .0 .0 .0 23.4 .0 .0 S MONTH-OF-PAYMENT - TOTAL EXPENDITURE	0 0 5 0 0 0 5 0 0 REPORI	.00 .00 11.73 .00 .00 .00 11.73 .00 .00 T FOR JAN	.000 .000 .026 .000 .000 .000 .026 .000 .000	.00 .00 11.73 .00 .00 .00 11.73 .00 .00 C 2003	GE - C E	.00 .00 .30 .00 .00 .30 .00 .00 .00 .GE 6,851 01/29/04
CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY	0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 2 0 0 0 0 2 0 0 0 2 0 0 0 ES AND EXPENDITURE /DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE	.0 .0 23.4 .0 .0 .0 23.4 .0 .0 S MONTH-OF-PAYMENT	0 0 5 0 0 0 5 0 0 REPORI	.00 .00 .00 .00 .00 .00 .11.73 .00 .00 F FOR JAN	.000 .000 .026 .000 .000 .000 .026 .000 .000	.00 .00 11.73 .00 .00 .11.73 .00 .00 2 2003 THLY AVERA COST PER USER 680.56	GE - C E	.00 .00 .30 .00 .00 .30 .00 .00 .00 .00
CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 77 ELIGIBLES	0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 2 0 0 0 0 2 0 0 0 2 0 0 0 ES AND EXPENDITURE /DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE	.0 .0 23.4 .0 .0 .0 23.4 .0 .0 S MONTH-OF-PAYMENT - TOTAL EXPENDITURE	0 0 5 0 0 0 0 5 0 0 REPORT S AVE PER 2 \$.00 .00 11.73 .00 .00 .00 11.73 .00 .00 FOR JAN	.000 .000 .026 .000 .000 .000 .026 .000 .000	.00 .00 11.73 .00 .00 .00 11.73 .00 .00 C 2003	GE - C E	.00 .00 .30 .00 .00 .30 .00 .00 .00 .GE 6,851 01/29/04
CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 77 ELIGIBLES	0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 2 0 0 0 0 2 0 0 0 2 0 0 ES AND EXPENDITURE /DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 125	.0 .0 23.4 .0 .0 .0 23.4 .0 .0 S MONTH-OF-PAYMENT - TOTAL EXPENDITURE	0 0 5 0 0 0 0 5 0 0 REPORT S AVE PER 2 \$.00 .00 .00 .00 .00 .00 .11.73 .00 .00 F FOR JAN	.000 .000 .026 .000 .000 .000 .026 .000 .000	.00 .00 11.73 .00 .00 .11.73 .00 .00 2 2003 THLY AVERA COST PER USER 680.56	GE - C E	.00 .00 .30 .00 .00 .30 .00 .00 .00 .00

NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	2		.00		.00	.026		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	24	109		4,095.23		37.57	1.416		170.63		53.18
MEDICAL	9	13		709.83		54.60	.169		78.87		9.22
SURGERY	2	3		187.29		62.43	.039		93.65		2.43
PATHOLOGY	8	27		183.77		6.81	.351		22.97		2.39
RADIOLOGY	8	9		1,303.45		144.83	.117		162.93		16.93
ROOM USE	8	10		415.03		41.50	.130		51.88		5.39
CROSSOVERS/ALL OTH OUTPTNT	14	47		1,295.86		27.57	.610		92.56		16.83
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00	•	.00	.000		.00	-	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	14	353	\$	40,594.78	\$	115.00	4.584	\$	2899.63	\$	527.20
LEV A-INTERMEDIATE	0	0	•	.00	•	.00	.000		.00	-	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	14	353		40,594.78		115.00	4.584		2899.63		527.20
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00	•	.00	.000	•	.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000	•	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	7	19	\$	375.24	\$	19.75	.247	\$	53.61	\$	4.87
PATHOLOGY	5	17		362.88		21.35	.221		72.58		4.71
XO AND OTHERS	2	2		12.36		6.18	.026		6.18		.16
@ORGANIZED OUTPATIENT CLINIC	26	34	\$	2,307.60	\$	67.87	.442	\$	88.75	\$	29.97
CLINIC	1	3	•	65.46	•	21.82	.039	•	65.46		.85
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	25	31		2,242.14		72.33	.403		89.69		29.12
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	JRES MO	ONTH-OF-PAYMENT R	REPORT	FOR JAN	2003 THRU	DEC	2003	P	AGE 6,852
	FEE-FOR-SERVICE										01/29/04
MARIPOSA COUNTY		ICES FOR MN - S	SOC - 5	TOTAL							
							M	ONT	HLY AVERA	GE	
77 ELIGIBLES	USERS	UNITS OF SERVIC	CE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	RE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE

					1.101	איותו אי וחוווי	.Ci	
77 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	19	270	\$ 3,418.09	\$ 12.66	3.506	\$ 179.90	\$	44.39
DURABLE MED. EQUIP.	2	60	2,220.00	37.00	.779	1110.00		28.83
BLOOD BANK	0	0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	4	140	679.08	4.85	1.818	169.77		8.82
AMBULANCES/AIR TRANS	3	47	499.76	10.63	.610	166.59		6.49
OTHER TRANS	1	93	179.32	1.93	1.208	179.32		2.33
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
ACUPUNCTURE	0	0	.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	4	8		92.92	11.62	.104	23.23	1.21
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1		9.83	9.83	.013	9.83	.13
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	61		416.26	6.82	.792	46.25	5.41
@CALIF. CHILDREN SERVICES*	4	13	\$	2,819.92	\$ 216.92	.169	\$ 704.98	\$ 36.62
@XOVER EXCLUDING STATE HOSP**	26	251	\$	4,845.30	\$ 19.30	3.260	\$ 186.36	\$ 62.93
* TOTAL THE THEO TIME ADE CIVEN	AC A CEDADAME	TATE ODMATT ON TH	TITIM ONTE SZ •					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,853 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MARIPOSA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

MARIPOSA COUNTI	SUMMARI OF SER	VICES FOR MIN - LONG IE.	KM CARE - AGED	AID CODE	13		
					MON	THLY AVERAG	E
465 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	427	15,900 \$	1,947,826.06	\$ 122.50	34.194 \$	4561.65	\$ 4188.87
@PHYSICIANS SERVICES	34	73 \$	1,623.32	\$ 22.24	.157 \$	47.74	\$ 3.49
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	34	73	1,623.32	22.24	.157	47.74	3.49
@PHARMACY	357	2,682 \$	152,575.96	\$ 56.89	5.768 \$		
PRESCRIPTION DRUGS	357	2,682	152,577.49	56.89	5.768	427.39	328.12

SNF/ICF	325	2,469	142,987.26	57.91	5.310	439.96	307.50
OUTPATIENTS	45	213	9,590.23	45.02	.458	213.12	20.62
MEDICAL SUPPLIES	0	0	1.53CR	.00	.000	.00	.00
@DENTIST	7	38 \$	1,807.87	\$ 47.58	.082 \$	258.27	\$ 3.89
VISITS - DIAGNOSTIC	5	23	138.87	6.04	.049	27.77	.30
ORAL SURGERY	3	12	604.00	50.33	.026	201.33	1.30
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	215.00	215.00	.002	215.00	.46
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	850.00	425.00	.004	850.00	1.83
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF-PAYMENT REE	PORT FOR JAN 2	2003 THRU DEC	2003	PAGE 6,854
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	MN - LONG	TERM CARE - AGED	AID CODE	13		
					MONT	HLY AVERAC	FE

USERS 465 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 13 17.51 @OPTOMETRIST 227.61 .028 \$ 45.52 \$.49 DIAGNOSTIC AND ANC. PROCED 1 47.45 47.45 .002 47.45 .10 3 9 118.87 13.21 .019 39.62 .26 EYE APPLIANCES OTHER OPTOMETRIC SERVICES 61.29 20.43 .006 30.65 .13 @CHIROPRACTOR .00 \$.00 .000 .00 .00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 @PODIATRIST 36.14 4.52 .017 5.16 .08 .00 .00 .000 .00 MEDICINE/INJECTIONS .00 .00 .00 .000 .00 SURGERY/ANES. .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 36.14 4.52 .017 5.16 .08 .00 .00 .000 .00 @HOME HEALTH AGENCY .00 NURSE ANESTHESIST .00 .00 .000 .00 .00 NURSE MIDWIFE 0 .00 \$.00 .000 .00 \$.00 PEDIATRIC NURSE PRACTITIONER 0 .00 .000 .00 .00 \$.00 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 .00 \$.00 @TOTAL HOSPITAL 82 4,040.81 49.28 .176 89.80 8.69 HOSP INPATIENT TOTAL 18 3,332.00 185.11 .039 833.00 7.17 HSC HOSPITALS 0 .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 0 .00 .00 .00 .00 ALL OTHER ACCOM .000 ANCILLARIES 0 .00 .00 .000 .00 .00 INPATIENT CROSSOVERS 18 3,332.00 185.11 .039 833.00 7.17 .000 ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL 708.81 11.08 16.88 1.52 .138 MEDICAL 0 .00 .00 .000 .00 .00 SURGERY 0 .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 PATHOLOGY RADIOLOGY 0 0 .00 .00 .000 .00 .00 0 .00 ROOM USE 0 .00 .000 .00 .00 708.81 11.08 16.88 1.52 CROSSOVERS/ALL OTH OUTPTNT 42 64 .138 @COUNTY HOSPITAL TOTAL 0 .00 \$.00 .000 \$.00 \$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT 0 .00 .00 .00 0 .00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,855 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MOP024	FEE-FOR-SERVICE	/DENTAL			_						01/29/04
MARIPOSA COUNTY			LONG	TERM CARE - AGED		AID CODE	13				
							M	ONT	HLY AVERA	.GE	
465 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAY				COST PER
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS		OR DAYS OF CAR					PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	45	82	\$	4,040.81	\$	49.28	.176	\$	89.80	\$	8.69
COMM HOSP INPATIENT TOTAL	4	18		3,332.00		185.11	.039		833.00		7.17
	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	4	18		3,332.00		185.11	.039		833.00		7.17
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00 16.88		.00
COMM HOSP OUTPATIENT TOTAL	42	64		708.81		11.08	.138		16.88		1.52
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
POOM IISE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	42	64		708.81		11.08	.138		16.88		1.52
@STATE HOSPITAL	42 0 0 0 356 0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	٧	.00	¥	.00	.000	Y	.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	356	11,272	\$		Ġ	156.56	24.241	\$		Ġ	3795.18
LEV A-INTERMEDIATE	330	11,2/2	Ą	1,704,758.01	Ą	.00	.000	Ą	.00	Ą	.00
TEA B DELIND MD	0	0		.00		.00	.000		.00		.00
		0							.00		
LEV B-SUBACUTE FREESTANDING	0	0 0 0 11,272		.00		.00	.000				.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00					.00		.00
LEV B-TRANSITIONAL IP CARE	0	11 000		.00		.00	.000		.00		.00
LEV B-REGULAR	0 0 356 0	11,2/2		1,764,758.61		156.56	24.241		4957.19		3795.18
@INTERMEDIATE CARE FACILDD	U	0	\$.00	\$.00		Ş	.00	Ş	
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	46	81	\$	4,181.61	\$	51.62	.174	\$	90.90	\$	8.99
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	Ō	Ō		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0 46	81		4,181.61		51.62	.174		90.90		8.99
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES VND EXDENDILL	RES	MONTH-OF-PAYMENT F	EDOB1	r FOR JAN	2003 THRII :	DEC	2003	D	AGE 6 856
MOP024	FEE-FOR-SERVICE		,,(110	TOTALL OF THE PROPERTY	01(1	. 1010 01111	2000 11110		. 2005		01/29/04
MARIPOSA COUNTY			ONC	TERM CARE - AGED		AID CODE	13				01/22/01
HARTEODA COUNTI	SOUTHWILL OF SERV	TOES FOR PM - I	DIVIG	IEIGH CAICE - AGED		YID CODE	M	חדייי	יגםיםוות ע.דעי	CF	
465 ELIGIBLES	USERS	UNITS OF SERVIC	יםי	EXPENDITURES	7/17/2	יסאכד כרכיי	UNITS/DAY				COST PER
AND ETTATORS	CALGU	OR DAYS OF CAR		FVEFNDTIOKED			PER ELIG		USER		ELIGIBLE
all omum proutpers	E 4	OR DAYS OF CAR	\ <u>C</u>	10 574 12		C UNII/DAY	PEK ELIG				FLIGIBLE

@ALL OTHER PROVIDERS

74 1,651 \$ 18,574.13 \$ 11.25 3.551 \$ 251.00 \$ 39.94

DUR.	ABLE MED. EQUIP.	7	34		10,776.27	316.95	.073	1539.47	23.17
BLO	OD BANK	0	0		.00	.00	.000	.00	.00
HEA	RING AID DISPENSERS	8	14		4,156.18	296.87	.030	519.52	8.94
MED	ICAL TRANSPORTATION	18	209		1,141.35	5.46	.449	63.41	2.45
A	MBULANCES/AIR TRANS	2	4		221.42	55.36	.009	110.71	.48
O	THER TRANS	14	124		734.18	5.92	.267	52.44	1.58
0	THER SERVICES	2	81		185.75	2.29	.174	92.88	.40
ACU	PUNCTURE	0	0		.00	.00	.000	.00	.00
ADU	LT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GEN	ETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHM	C,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCC.	UPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPT	ICIAN	5	12		150.25	12.52	.026	30.05	.32
PHY	SICAL THERAPIST	0	0		.00	.00	.000	.00	.00
POR	TABLE X-RAY	3	11		69.08	6.28	.024	23.03	.15
PRO	STHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
P:	ROSTHETICS	0	0		.00	.00	.000	.00	.00
0	RTHOTICS	0	0		.00	.00	.000	.00	.00
PSY	CHOLOGIST	0	0		.00	.00	.000	.00	.00
SPE	ECH AND AUDIOLOGY	1	3		141.69	47.23	.006	141.69	.30
HOS	PICE SERVICES	0	0		.00	.00	.000	.00	.00
NON	INST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOC.	AL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPS	DT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RES	PIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED	SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
\mathtt{ALL}	OTHER PROVIDERS	37	1,368		2,139.31	1.56	2.942	57.82	4.60
@CALI	F. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVE	R EXCLUDING STATE HOSP**	120	376	\$	20,284.24	\$ 53.95	.809	\$ 169.04	\$ 43.62
@* TO	TAIC IN TURCE IINEC ADE CIVE	שידגסגמשט ג טג זאי	TMECDMATTOM	TTEM ONLY:					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,857
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MARIPOSA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

DOMINITIES OF DELICAT	CHO I OIL TIN HOING	I LIMIT C.		TITO CODE	23		
					MON	THLY AVERAG	GE
USERS	UNITS OF SERVICE	E	XPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
0	0 \$.00	\$.00	.000 \$.00	\$.00
0	0 \$.00	\$.00	.000 \$.00	\$.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00		.00	.00
0	0		.00	.00		.00	.00
0	0		.00	.00		.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00		.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
		USERS UNITS OF SERVICE	USERS UNITS OF SERVICE E	USERS UNITS OF SERVICE OR DAYS OF CARE 0 0 \$.00 0 0 \$.00 0 0 .00	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE OR DER UNIT/DAY 0 0 \$.00 \$.00 \$.00 0 0 \$.00 \$.00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .0	USERS	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE OR DAYS OF CARE OR DEPTITION OF SERVICE OR DAYS OF CARE OR DEPTITION OR DAYS OF CARE OR DEPTITION OR S.O

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00		.00	.00
DIALYSIS	0	0		.00	.00		.00	.00
PATHOLOGY	0	0		.00	.00		.00	.00
RADIOLOGY	0	0		.00	.00		.00	.00
PSYCHIATRY	0	0		.00	.00		.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00		.00	.00
@PHARMACY	0	0	Ś	.00	\$.00			\$.00
PRESCRIPTION DRUGS	0	0	т	.00	.00		.00	.00
SNF/ICF	0	0		.00	.00		.00	.00
OUTPATIENTS	0	0		.00	.00		.00	.00
MEDICAL SUPPLIES	0	Ō		.00	.00		.00	.00
@DENTIST	0	0	\$.00	\$.00			
VISITS - DIAGNOSTIC	0	0	•	.00	.00		.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00		.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00		.00	.00
ALL OTHER SERVICES	0	0		.00	.00		.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUE	RES MON	TH-OF-PAYMENT REF	PORT FOR JA	N 2003 THRU	DEC 2003	PAGE 6,858
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	MN - LO	ONG TER	M CARE - BLIND	AID CO			
						I	MONTHLY AVERA	AGE

						M	OM T	HLY AVERA	₫₺	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER	AGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00	\$.	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
	MEDI-CAL SERVICES AND EX	XPENDITURES	MONTH-OF-PAYMENT REPOR	T FOR JAN 200	3 THRU DEC	2003		5,859
MOP024	FEE-FOR-SERVICE/DENTAL						01/2	29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	MN - LONG	TERM CARE - BLIND	AID CODE 23				
					MONT	HLY AVERAG	BE	

					MON	THLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$		
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00 \$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000 \$.00 \$.00
CLINIC	0	0	.00	.00	.000	.00	.00

.00 SURGICENTER 0 .00 .00 .000 .00 .000 .00 HEROIN DETOX CLINIC 0 .00 .00 .00 RURAL HEALTH CLINIC 0 0 .00 .00 .000 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,860 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MARIPOSA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

THINCH COUNTY	DOLLING OF PHICATO	CHO I OIC TIIV	TIOI1	O ILLICIT	Cruth Dul	.111	TITD CODE	23		
								MOI	NTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SER	RVICE		EXPENDITUR	RES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF	CARE				PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$		00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0			00	.00	.000	.00	.00
BLOOD BANK	0		0			00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0			00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0		0			00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0		0			00	.00	.000	.00	.00
OTHER TRANS	0		0			00	.00	.000	.00	.00
OTHER SERVICES	0		0			00	.00	.000	.00	.00
ACUPUNCTURE	0		0			00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0			00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0			00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0			00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0			00	.00	.000	.00	.00
OPTICIAN	0		0			00	.00	.000	.00	.00
PHYSICAL THERAPIST	0		0			00	.00	.000	.00	.00
PORTABLE X-RAY	0		0			00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0			00	.00	.000	.00	.00
PROSTHETICS	0		0			00	.00	.000	.00	.00
ORTHOTICS	0		0			00	.00	.000	.00	.00
PSYCHOLOGIST	0		0			00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0			00	.00	.000	.00	.00
HOSPICE SERVICES	0		0			00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0			00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0			00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0			00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0			00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0			00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0		0			00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0		0	\$		00	\$.00		\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	Ō		0	S		00	\$.00	.000	\$.00	\$.00
@* TOTALC IN THECE LINES ADD		THE THEODMAN	CNT TI	DM ONTES						

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED MARIPOSA COUNTY AID CODE 63

----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 12 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 74,778.35 \$ 143.80 43.333 \$ 4154.35 \$ 6231.53 @TOTAL, ALL PROVIDERS 18 520 0 0 .00 \$.00 .000 \$.00 \$.00 @PHYSICIANS SERVICES .00 .000 OUTPATIENT VISITS 0 .00 .00 .00 .00 .000 .00 .000 .00 .000 .00 .000 .00 .000 .00 .000 .00 .000 .00 .000 .00 0 OFFICE VISITS .00 0 0 .00 .00 HOME VISITS .00 EMERGENCY ROOM 0 .00 .00 0 PREVENTIVE CARE .00 .00 .00 .00 .00 .00 OB VISITS/COMPRE PERI .00 .00 OTHER OUTPATIENT 0 0 .00 0 0 .00 .00 .00 INPATIENT VISITS .00 Ω Ω .00 .00 HOSPITAL VISITS CRITICAL CARE Ω .00 .000 .00 .00

PAGE 6,861

01/29/04

SNF/ICF/TRANS IP CARE	0	0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0			.00		.00	.000		.00		.00
EXAMINATIONS	Ô	0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	Ô	0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0			.00		.00	.000		.00		.00
	16	138	4		9,803.98	Ś	71.04	11.500	4		Ġ	817.00
@PHARMACY	16 16	138	\$		9,803.98	Ş	71.04	11.500	\$	612.75	Þ	817.00
PRESCRIPTION DRUGS	14	138					69.04	10.417		616.46		719.20
SNF/ICF OUTPATIENTS	14	13			8,630.41		90.27	1.083		586.79		97.80
	2				1,173.57							
MEDICAL SUPPLIES	0	0	4		.00	d	.00	.000	4	.00	4	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0			.00		.00	.000		.00		.00
ORAL SURGERY	0	0			.00		.00	.000		.00		.00
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	0	0			.00		.00	.000		.00		.00
ENDODONTICS	U	0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVIC FEE-FOR-SERVICE		rures	MONTI	H-OF-PAYMENT RI	EPORT	' FOR JAN	2003 THRU	DEC	2003	P <i>I</i>	AGE 6,862 01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV		LONG	TERM	CARE - DISABLE	ΞD	AID CODE	63				
									MONT	HLY AVERA	GE -	
12 ELIGIBLES	USERS	UNITS OF SERV	CE		EXPENDITURES	AVE	RAGE COST	UNITS/DA	YS (COST PER	(COST PER

						IVI	OM	LHLY AVERA	GE.	
12 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1	3	\$ 53.11	\$	17.70	.250	\$	53.11	\$	4.43
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	1	3	53.11		17.70	.250		53.11		4.43
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$ 3.24	\$	3.24	.083	\$	3.24	\$.27
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	1	1	3.24		3.24	.083		3.24		.27
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	Ö	\$.00	\$.00	.000	\$.00	Š	.00
HOSP INPATIENT TOTAL	0	0	4	.00	.00	.000	.00	*	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	Ų	.00	.00	.000	.00	Ą	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		
SURGERY	0	0				.000			.00
PATHOLOGY RADIOLOGY	0	0		.00	.00		.00		.00
	0	0			.00	.000			.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	· ·	. D E MI E E E E E E E E E E E E E E E E E	IC MONTHII	.00	.00	.000	.00	DAGE	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	'FRNDT.I.OKE	P MONTH-	OF-PAYMENT REP	OKI FOR JAN	ZUU3 THRU I	DEC 2003		6,863
MOP024	FEE-FOR-SERVICE/DENTAL	MAT TO	IC DEDM C		ATD COD	п сэ		01	/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	MIN – TOI	IG TERM C.	ARE - DISABLED	AID COD			a E	
			_			M(ONTHLY AVERA	GE	

12 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0			.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	14	340	\$	6	4,570.72	\$	189.91	28.333	\$	4612.19	\$	5380.89
LEV A-INTERMEDIATE	0	0			.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR	14	340		6	4,570.72		189.91	28.333		4612.19		5380.89
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0			.00		.00	.000		.00		.00
ICF DD	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0			.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
XO AND OTHERS	0	0			.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	9	11	\$		198.62	\$	18.06	.917	\$	22.07	\$	16.55
CLINIC	0	0			.00		.00	.000		.00		.00
SURGICENTER	0	0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	9	11			198.62		18.06	.917		22.07		16.55
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDIT	TURES	MONTH-OF-	PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC	2003	P	AGE 6,864
MOP024	FEE-FOR-SERVICE/DENTAL											01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	MN -	LONG	TERM CARE	- DISABL	ED	AID CODE	E 63				
MONTHLY AVERAGE												

					MON	IHLY AVERAC	jb
12 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	4	27 \$	148.68	\$ 5.51	2.250 \$	37.17	\$ 12.39
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	20	58.70	2.94	1.667	58.70	4.89
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	20	58.70	2.94	1.667	58.70	4.89
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	78.24	13.04	.500	26.08	6.52
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP** @* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARAT		\$ \$ ITEM O		\$ \$.00 .00 11.74 .00 7.49	.000 .000 .083 .000	.00 .00 11.74 \$.00 \$ 7.49	\$.00 .00 .98 .00
THE AMOUNTS ARE ALREADY IN ** THESE DATA ARE INCLUDED I	N THE APPROPRIATE	-		ABOVE.						
#CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY	MEDI-CAL SERVICES FEE-FOR-SERVICE/I SUMMARY OF SERVICE	S AND EXPENDITU ENTAL	RES MO	-		FOR JAN 2		DEC 2003	PA	GE 6,865 01/29/04
PRICE OFF COUNTY	BOIMMET OF BEICVE	DO TOR PIN D	ONG III.		10 .	DIBCONTINO		ONTHLY AVER	AGE -	
00 ELIGIBLES		NITS OF SERVIC OR DAYS OF CAR		EXPENDITURES		RAGE COST UNIT/DAY	UNITS/DAY PER ELIG	S COST PER	C	OST PER LIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
	0	0					.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	Ô	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0					
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	Ü	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	Ô	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
	0	0					
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	Ü	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	
	0	- 1		•			•
PRESCRIPTION DRUGS	U	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
	0	0					.00
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	Ü	U	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
	0	0					.00
ALL OTHER SERVICES			.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MO	NIH-OF-PAYMENI RE	PORT FOR JAN 2	2003 IHRU DEC	2003	PAGE 6,866
MOP024	FEE-FOR-SERVICE/I						01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICE	CES FOR MN - LONG TE	RM CARE - FAMILIE	S DISCONTINU			
					MONTH		E
00 ELIGIBLES	USERS (JNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS C	OST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	
	0	0 Ş 0		•			
VISITS	U	U	.00	.00	.000	.00	.00

OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	۲	.00	.00	.000	.00	Υ	.00
	0	0		.00					
SURGERY/ANES.	0				.00	.000	.00		.00
RADIO./PATHOLOGY	Ü	0		.00	.00	.000	.00		.00
OTHER	0	0		.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	S	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	₹ Ċ	.00	\$.00	.000	\$.00	\$.00
	0	0	<u>የ</u>		:	.000	•	\$	
PEDIATRIC NURSE PRACTITIONER	0	0	ې ب	.00	\$.00		\$.00		.00
FAMILY NURSE PRACTITIONER	Ü	Ü	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
	0	0							
ADMINISTRATIVE DAYS	U	U		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
	0	0							
MEDICAL	U	U		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0		\$.00	\$.00	.000	\$.00	\$.00
	0	0	Y		•		•	Ų	
CO HOSPITAL INPATIENT TOTAL	U	U		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
	0	0							
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	U	U		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
	0	0		.00					
ROOM USE	0	0			.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
		ES AND EXPENDITURE	S MONTH-OF-E	PAYMENT RE	PORT FOR JAN	2003 THRU 1	DEC 2003		6,867
MOP024	FEE-FOR-SERVICE	/DENTAL						01	/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR MN - LON	G TERM CARE	- FAMILIE	S DISCONTI	NUED			
						Mo	ONTHLY AVERA	GE	
00 ELIGIBLES	IISERS	UNITS OF SERVICE	EXDEN	PARITTON	AVERAGE COS				
00 HHIGIDHID	OBLIG		1221 111	VDII OKLID					
ACOMMINITAN HOGDINAL MONAL	0	OR DAYS OF CARE	<mark>ት</mark>	0.0	PER UNIT/DA				
@COMMUNITY HOSPITAL TOTAL			\$.00	\$.00	.000		P	.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	Ō		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	•	0				.000	.00		.00
	0			.00	.00	()()()	()()		

ALL OTHER ACCOM	0	0			.00		.00	. 0	00		.00		.00
ANCILLARIES	0	Ō			.00		.00		00		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00		00		.00		.00
	0	0			.00								
ALL OTHER INPATIENT	0	0					.00		00		.00		.00
COMM HOSP OUTPATIENT TOTAL	Ü	Ü			.00		.00		00		.00		.00
MEDICAL	0	0			.00		.00	. 0	00		.00		.00
SURGERY	0	0			.00		.00	. 0	00		.00		.00
PATHOLOGY	0	0			.00		.00	. 0	00		.00		.00
RADIOLOGY	0	0			.00		.00	. 0	00		.00		.00
ROOM USE	0	0			.00		.00		00		.00		.00
		0			.00								
CROSSOVERS/ALL OTH OUTPTNT	0					_	.00		00		.00	_	.00
@STATE HOSPITAL	Ü	0	\$.00	\$.00			\$.00	\$.00
MENTALLY ILL	0	0			.00		.00	. 0	00		.00		.00
DEVELOP. DISABLED	0	0			.00		.00	. 0	00		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	. 0	00	\$.00	\$.00
LEV A-INTERMEDIATE	0	0			.00		.00	. 0	00		.00		.00
LEV B-REHAB MD	0	0			.00		.00		00		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00		00		.00		.00
	0	0											
LEV B-SUBACUTE HSPTL BASED	U	0			.00		.00		00		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00		00		.00		.00
LEV B-REGULAR	0	0			.00		.00		00		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	. 0	00	\$.00	\$.00
ICF DDH	0	0			.00		.00	. 0	00		.00		.00
ICF DD	0	0			.00		.00		00		.00		.00
ICF DDN/DDCN	0	0			.00		.00		00		.00		.00
	0	0	\$			\$				ė.	.00	۲.	
@HEMODIALYSIS TOTAL	0		Þ		.00	Þ	.00			\$		\$.00
HOSPITAL BASED	U	0			.00		.00		00		.00		.00
HEMODIALYSIS CENTER	0	0			.00		.00		00		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00			\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00	. 0	00		.00		.00
INDEPENDENT FACILITY	0	0			.00		.00	. 0	00		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00			\$.00	Ġ	.00
PATHOLOGY	0	0	Ψ		.00	Υ	.00		00	Υ	.00	~	.00
	0	0											
XO AND OTHERS	0	0	4		.00		.00		00	4	.00		.00
@ORGANIZED OUTPATIENT CLINIC	Ü	Ü	\$.00	\$.00			\$.00	\$.00
CLINIC	0	0			.00		.00	. 0	00		.00		.00
SURGICENTER	0	0			.00		.00	. 0	00		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	. 0	00		.00		.00
RURAL HEALTH CLINIC	0	0			.00		.00	. 0	00		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	RES MON	TH-OF-PA		PORT FO				EC 20		PAG	E 6,868
MOP024	FEE-FOR-SERVICE		KED HOI	111 01 171	ITILINI KL	ii Oitti I O	10 07110 .	2005 11.	10 D	LC 20	303	1110	01/29/04
				M CADE	DAMTETE	10 DT0	CONTENT	TIED					01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	/ICES FOR MN - Lo	ONG IER	M CARE -	FAMILLIE	יס חדס	CONTIN					~-	
											Y AVERA		
00 ELIGIBLES	USERS	UNITS OF SERVIC		EXPEND	ITURES			UNITS/			ST PER	CC	ST PER
		OR DAYS OF CAR	E			PER UN	IT/DAY	PER E	LIG	Ţ	JSER	EI	IGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	. 0	00	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	·		.00	•	.00	. 0	00	•	.00		.00
BLOOD BANK	0	Ō			.00		.00		00		.00		.00
HEARING AID DISPENSERS	0	0			.00		.00		00		.00		.00
	•	ŭ											
MEDICAL TRANSPORTATION	0	0			.00		.00		00		.00		.00
AMBULANCES/AIR TRANS	0	0			.00		.00		00		.00		.00
OTHER TRANS	0	0			.00		.00	. 0	00		.00		.00
OTHER SERVICES	0	0			.00		.00	. 0	00		.00		.00
ACUPUNCTURE	0	0			.00		.00	. 0	00		.00		.00
ADULT DAY HEALTH CARE CTR	0	Ô			.00		.00		00		.00		.00
GENETIC DISEASE TESTING	0	0			.00		.00		00		.00		.00
	0	0											
IHMC, MODEL-NF, NF, AIDS, MSSP	•	0			.00		.00		0.0		.00		.00
OCCUPATIONAL THERAPIST	0	Õ			.00		.00		00		.00		.00
OPTICIAN	0	0			.00		.00		00		.00		.00
PHYSICAL THERAPIST	0	0			.00		.00	. 0	00		.00		.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00)	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00)	.00
PROSTHETICS	0	0	.00	.00	.000	.00)	.00
ORTHOTICS	0	0	.00	.00	.000	.00)	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00)	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00)	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00)	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00)	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00)	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00)	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00)	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00)	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00)	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00) \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00) \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,869 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MARIPOSA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

MARIPOSA COUNTI	SUMMARI OF SERV	VICES FOR MIN - L	OING 1	IERM CARE - IOIAL		MC	אויייזאר ז		a E	
477 ELIGIBLES	USERS	UNITS OF SERVIC	T-7	EXPENDITURES	AVERAGE COST			I AVERAC ST PER		COST PER
4// FLIGIPHES	USERS	OR DAYS OF CAR		EXPENDITURES	PER UNIT/DAY			JSER		ELIGIBLE
ATOTAL ALL DROVIDERS	445	16,420		2 022 604 41		34.423			\$	4240.26
@TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES	34	73	\$ \$	2,022,604.41 1,623.32	\$ 123.18 \$ 22.24	.153			۶ \$	3.40
OUTPATIENT VISITS	0	0	Ą	.00	, 22.24	.000	Ą	.00	Ą	.00
OFFICE VISITS	0	0		.00	.00	.000		.00		.00
HOME VISITS	0	0		.00	.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000		.00		.00
	0	0		.00	.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.000		.00		.00
OB VISITS/COMPRE PERI	0	0			.00					
OTHER OUTPATIENT	0	0		.00	.00	.000		.00		.00
INPATIENT VISITS	0	0		.00	.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000		.00		.00
CRITICAL CARE	0	0		.00	.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	U		.00	.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	U		.00	.00	.000		.00		.00
EXAMINATIONS	0	0		.00	.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		.00
DIALYSIS	0	0		.00	.00	.000		.00		.00
PATHOLOGY	0	0		.00	.00	.000		.00		.00
RADIOLOGY	0	0		.00	.00	.000		.00		.00
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	34	73		1,623.32	22.24	.153		47.74		3.40
@PHARMACY	373	2,820	\$	162,379.94	\$ 57.58	5.912		435.33	\$	340.42
PRESCRIPTION DRUGS	373	2,820		162,381.47	57.58	5.912		435.34		340.42
SNF/ICF	339	2,594		151,617.67	58.45	5.438		447.25		317.86
OUTPATIENTS	47	226		10,763.80	47.63	.474	2	229.02		22.57
MEDICAL SUPPLIES	0	0		1.53CR		.000		.00		.00
@DENTIST	7	38	\$	1,807.87	\$ 47.58	.080	\$ 2	258.27	\$	3.79

VISITS - DIAGNOSTIC	5	23	138.87	6.04	.048	27.77	.29
ORAL SURGERY	3	12	604.00	50.33	.025	201.33	1.27
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	215.00	215.00	.002	215.00	.45
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	850.00	425.00	.004	850.00	1.78
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REE	PORT FOR JAN	2003 THRU I	DEC 2003	PAGE 6,870
MOP024	FEE-FOR-SERVICE/DEN	ΓAL					01/29/04

MOP024

FEE-FOR-SERVICE/DENTAL

MARIPOSA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

01/29/04

							M	IONT.	HIY AVERA	GE	
477 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST		-	COST PER	_	COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	45	82	\$	4,040.81	\$	49.28	.172	\$	89.80	\$	8.47
COMM HOSP INPATIENT TOTAL	4	18		3,332.00		185.11	.038		833.00		6.99
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	4	18		3,332.00		185.11	.038		833.00		6.99
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	42	64		708.81		11.08	.134		16.88		1.49
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	42	64	_	708.81		11.08	.134		16.88	_	1.49
@STATE HOSPITAL	0	0	\$.00		.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	4	.00		.00	.000		.00		.00
@NURSING FACILITY	370	11,612	\$	1,829,329.33	\$	157.54	24.344	\$	4944.13	\$	3835.07
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000				.00
	370	•				157.54	.000		.00		3835.07
LEV B-REGULAR @INTERMEDIATE CARE FACILDD	370	11,612 0	\$	1,829,329.33		.00	24.344	\$	4944.13	\$	
ICF DDH	0	0	Ą	.00		.00	.000	Ą	.00	Ą	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00		.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Y	.00	•	.00	.000	Ÿ	.00	Ų	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00		.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Ψ	.00		.00	.000	٧	.00	~	.00
INDEPENDENT FACILITY	Ö	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00		.00	.000	\$.00	\$.00
PATHOLOGY	0	0	-	.00		.00	.000	т.	.00	т	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	55	92	\$	4,380.23		47.61	.193	\$	79.64	\$	9.18
CLINIC	0	0	•	.00	•	.00	.000		.00	•	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	55	92		4,380.23		47.61	.193		79.64		9.18
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT	REPORT	r for Jan 2	2003 THRU	DEC	2003	Р	AGE 6,872
MOP024	FEE-FOR-SERVICE	C/DENTAL									01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	VICES FOR MN - LO	NG T	ERM CARE - TOTAL							
							M	IONT:	HLY AVERA	GE	
477 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG	;	USER		ELIGIBLE
@ALL OTHER PROVIDERS	78	1,678	\$	18,722.81	\$	11.16	3.518	\$	240.04	\$	39.25
DURABLE MED. EQUIP.	7	34		10,776.27		316.95	.071		1539.47		22.59
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	8	14		4,156.18		296.87	.029		519.52		8.71
MEDICAL TRANSPORTATION	19	229		1,200.05		5.24	.480		63.16		2.52

AMBULANCES/AIR TRANS	2	4	221.42	55.36	.008	110.71	.46
OTHER TRANS	15	144	792.88	5.51	.302	52.86	1.66
OTHER SERVICES	2	81	185.75	2.29	.170	92.88	.39
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	18	228.49	12.69	.038	28.56	.48
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	3	11	69.08	6.28	.023	23.03	.14
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3	141.69	47.23	.006	141.69	.30
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	38	1,369	2,151.05	1.57	2.870	56.61	4.51
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	•	\$.00
@XOVER EXCLUDING STATE HOSP**	122	378	\$ 20,299.22	\$ 53.70	.792	\$ 166.39	\$ 42.56

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MARIPOSA COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,873 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 1,267 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 1,110 53,473 2,331,294.42 \$ 43.60 42.204 \$ 2100.27 \$ 1840.01 @PHYSICIANS SERVICES 127 302 4,831.74 16.00 .238 \$ 38.05 \$ 3.81 0 OUTPATIENT VISITS 0 .00 .00 .000 .00 .00 OFFICE VISITS .00 .00 .000 .00 .00 HOME VISITS 0 .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 .00 OB VISITS/COMPRE PERI .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 .000 HOSPITAL VISITS .00 .00 .00 .00 .00 .00 .000 .00 .00 CRITICAL CARE .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 OPHTHALMOLOGICAL SERVICES 1 20.00 20.00 .001 20.00 .02 20.00 20.00 20.00 EXAMINATIONS .001 .02 SERVICES AND MATERIALS 0 .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .000 .00 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 ASSISTANT SURGEON 0 .00 .00 .000 .00 .00 ANESTHESIOLOGIST 0 .00 .00 .000 .00 .00 .00 .00 0 .000 DIALYSIS Ω .00 .00 PATHOLOGY .00 .00 .000 .00 .00

RADIOLOGY	1	1		16.20		16.20	.001		16.20		.01
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	126	300		4,795.54		15.99	.237		38.06		3.78
@PHARMACY	896	9,097	\$	301,728.73	\$	33.17	7.180	\$	336.75	\$	238.14
PRESCRIPTION DRUGS	887	4,468		299,161.77		66.96	3.526		337.27		236.12
SNF/ICF	364	2,696		152,262.83		56.48	2.128		418.30		120.18
OUTPATIENTS	538	1,772		146,898.94		82.90	1.399		273.05		115.94
MEDICAL SUPPLIES	35	4,629		2,566.96		.55	3.654		73.34		2.03
@DENTIST	25	157	\$	5,173.87	\$	32.95	.124	\$	206.95	\$	4.08
VISITS - DIAGNOSTIC	19	98		905.87		9.24	.077		47.68		.71
ORAL SURGERY	5	42		2,065.00		49.17	.033		413.00		1.63
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00		100.00	.001		100.00		.08
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	3	3		536.00		178.67	.002		178.67		.42
RESTORATIVE DENTISTRY	4	7		387.00		55.29	.006		96.75		.31
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	3	6		1,180.00		196.67	.005		393.33		.93
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES	MONTH-OF-PAYMENT H	REPOR	T FOR JAN	2003 THRU	DEC	2003	PI	AGE 6,874
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
MAD TOOGA COUNTRY	CIDMADIA OF CEDITIONS TO	DIMPRICA	T T T7	ATDEDM ACED							

MARIPOSA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

MAKIFODA COUNTI	DOMMARCI OF DER	VICES FOR MEDICA	TILL I	NEEDI AGED			MC	דואר	THLY AVERA	GE.	
1,267 ELIGIBLES	USERS	UNITS OF SERVIC	'E	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS		COST PER	ОП	COST PER
I/ZO/ HHIGIBHE	OBLIE	OR DAYS OF CAR				R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	19	52	\$	1,021.92	\$	19.65	.041	Ś	53.79	\$.81
DIAGNOSTIC AND ANC. PROCED	7	7	τ	332.15	Υ	47.45	.006	Ψ.	47.45	~	.26
EYE APPLIANCES	13	36		551.56		15.32	.028		42.43		.44
OTHER OPTOMETRIC SERVICES	5	9		138.21		15.36	.007		27.64		.11
@CHIROPRACTOR	2	2	\$	33.44	\$	16.72	.002	\$	16.72	\$.03
VISITS	0	0	•	.00	•	.00	.000		.00		.00
OTHER SERVICES	2	2		33.44		16.72	.002		16.72		.03
@PODIATRIST	15	16	\$	62.54	\$	3.91	.013	\$	4.17	\$.05
MEDICINE/INJECTIONS	0	0	•	.00	•	.00	.000		.00	-	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	15	16		62.54		3.91	.013		4.17		.05
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	106	291	\$	10,233.27	\$	35.17	.230	\$	96.54	\$	8.08
HOSP INPATIENT TOTAL	8	41		6,664.00		162.54	.032		833.00		5.26
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	8	41		6,664.00		162.54	.032		833.00		5.26
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	99	250		3,569.27		14.28	.197		36.05		2.82
MEDICAL	0	0		.00		.00	.000		.00		.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	99	250	3,569.27	14.28	.197	36.05	2.82
@COUNTY HOSPITAL TOTAL	1	9	\$ 128.99	\$ 14.33	.007	\$ 128.99	\$.10
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	1	9	128.99	14.33	.007	128.99	.10	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	1	9	128.99	14.33	.007	128.99	.10	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	r for Jan	2003 THRU DE	C 2003	PAGE 6,875	
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04	
MARIPOSA COUNTY	SUMMARY OF SERVICES F	OR MEDICALLY	NEEDY - AGED					
					MON	THLY AVERAC	GE	
1 267 ELIGIBLES	HSERS HNITS	OF SERVICE	EXPENDITIRES AVI	RAGE COST	IINTTS/DAYS	COST PER	COST PER	

MARIPOSA COUNTY	SUMMARY OF SERVICE	S FOR MEDICA	LLY	NEEDY - AGED			140			
							MOI			
1,267 ELIGIBLES		ITS OF SERVIC		EXPENDITURES			UNITS/DAYS	COST PER		COST PER
		R DAYS OF CAR				UNIT/DAY		USER	4.	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	105	282	\$	10,104.28	\$	35.83	.223		\$	7.97
COMM HOSP INPATIENT TOTAL	8	41		6,664.00		162.54	.032	833.00		5.26
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	8	41		6,664.00		162.54	.032	833.00		5.26
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	98	241		3,440.28		14.28	.190	35.10		2.72
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
	· ·	ŭ								2.72
CROSSOVERS/ALL OTH OUTPTNT	. 98	241	4	3,440.28	à	14.28	.190	35.10	4	
@STATE HOSPITAL		0	\$.00	\$.00		\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0	4.	.00		.00	.000	.00		.00
@NURSING FACILITY	393	12,372	\$	1,958,165.80	\$	158.27		\$ 4982.61	\$	1545.51
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	9 0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	393	12,372		1,958,165.80		158.27	9.765	4982.61		1545.51
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	5 .00	\$.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00		5 .00	Ġ	.00
HOSPITAL BASED	0	0	т	.00	Ψ	.00	.000	.00	Ψ.	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	5	12	\$	109.91	\$	9.16		21.98	\$.09
	5	4	Ą	39.15	Ą	9.10	.003	19.58	Ą	.03
PATHOLOGY	2	8		70.76				23.59		.06
XO AND OTHERS	215		4		à	8.85	.006		4	
@ORGANIZED OUTPATIENT CLINIC		386	\$	14,469.73	\$	37.49		\$ 67.30	\$	11.42
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	3	4		26.24		6.56	.003	8.75		.02
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	214	382		14,443.49		37.81	.301	67.49		11.40
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES	MONTH-OF-PAYMENT R	EPORT.	FOR JAN	2003 THRU D	EC 2003	I	PAGE 6,876

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

					MOI	NTHLY AVERAG	E
1,267 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	195	30,786 \$	35,463.47	\$ 1.15	24.298	\$ 181.86	\$ 27.99
DURABLE MED. EQUIP.	10	95	13,075.77	137.64	.075	1307.58	10.32
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	11	20	6,442.43	322.12	.016	585.68	5.08
MEDICAL TRANSPORTATION	28	554	1,989.77	3.59	.437	71.06	1.57
AMBULANCES/AIR TRANS	3	25	399.58	15.98	.020	133.19	.32
OTHER TRANS	19	289	1,137.90	3.94	.228	59.89	.90
OTHER SERVICES	6	240	452.29	1.88	.189	75.38	.36
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	2	4	284.57	71.14	.003	142.29	.22
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	3	8	836.00	104.50	.006	278.67	.66
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	21	47	1,474.45	31.37	.037	70.21	1.16
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	4	13	71.00	5.46	.010	17.75	.06
PROSTHETIST/ORTHOTISTS	1	1	52.99	52.99	.001	52.99	.04
PROSTHETICS	1	1	52.99	52.99	.001	52.99	.04
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3	141.69	47.23	.002	141.69	.11
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	126	30,041	11,094.80	.37	23.710	88.05	8.76
@CALIF. CHILDREN SERVICES*	1	1 \$	20.00	\$ 20.00	.001	\$ 20.00	\$.02
@XOVER EXCLUDING STATE HOSP**	336	1,467 \$	36,893.35	\$ 25.15	1.158	\$ 109.80	\$ 29.12
* TOTAL IN THESE TIMES ARE CIV	מאס א מפוסאד	METER TACEMENT STATE STATE	ONTE V.				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,877 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MARIPOSA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

----- MONTHLY AVERAGE -----12 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 21.70 .167 \$ @TOTAL, ALL PROVIDERS 1 \$ 10.85 21.70 \$ 1.81 1 22.10 11.05 .167 \$ 22.10 \$ 1.84 @PHYSICIANS SERVICES .00 .00 .000 .00 .00 OUTPATIENT VISITS .00 .00 OFFICE VISITS 0 .00 .000 .00 .00 .00 .000 .00 .00 HOME VISITS 0 0 .00 .00 .000 .00 EMERGENCY ROOM 0 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 CRITICAL CARE SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES 0 .00 .000 0 .00 .00 .000 .00 .00 EXAMINATIONS SERVICES AND MATERIALS .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

	_	_							
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00	
DIALYSIS	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	1	2		22.10	11.05	.167	22.10	1.84	
@PHARMACY	0	0	\$.40CR	\$.00	.000 \$.00	\$.03CR	
PRESCRIPTION DRUGS	0	0		.40CR	.00	.000	.00	.03CR	
SNF/ICF	0	0		.00	.00	.000	.00	.00	
OUTPATIENTS	0	0		.40CR	.00	.000	.00	.03CR	
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00	
@DENTIST	0	0	\$.00	\$.00	.000 \$.00	\$.00	
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00	
ORAL SURGERY	0	0		.00	.00	.000	.00	.00	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITUR	ES MONTH-	OF-PAYMENT REE	PORT FOR JAN	2003 THRU DE	C 2003	PAGE 6,878	
MOP024	FEE-FOR-SERVICE/	DENTAL						01/29/04	
MARIPOSA COUNTY	SUMMARY OF SERVI		LY NEEDY	- BLIND				. , -	
			. –			MON	THLY AVERAC	SE	
12 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST		COST PER	COST PER	
		OD DAVG OF GARE	_		DED INTE /DAY		HODD	DI TOTRI	

								OIAI	IIIII AVEKA	ظی	
12 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	•	.00		.00	.000		.00	-	.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	Û	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00			
PATHOLOGY	0	0			.000	.00	.00
RADIOLOGY	0	<u> </u>	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	Û	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	Õ	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	-	ES AND EXPENDITURES MON					PAGE 6,879
MOP024	FEE-FOR-SERVICE		III-OF-PAIMENT RE	FORT FOR UAIN 2	OUS TIMO DEC	2003	01/29/04
MARIPOSA COUNTY		ICES FOR MEDICALLY NEE	חע - סו דאה				01/29/04
MARIPOSA COUNTI	SUMMARI OF SERV	ICES FOR MEDICALLI NEE	DI - BLIND		MONT	רעדע אזורסאו	CE
12 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
IS FILGIBLES	CALCO	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE
ACOMMINITEN HOCDIENT TOTAL	0		.00	\$.00	.000 \$.00	
@COMMUNITY HOSPITAL TOTAL	0	0 \$ 0	.00	.00	.000 \$.00	\$.00 .00
COMM HOSP INPATIENT TOTAL	0						
HSC HOSPITALS	-	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	Ü	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
DOOM HEE	0	0	0.0	0.0	000	0.0	0.0

0

0

0

\$

0

0

0

0

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.000

.000

.000

.000

.000 \$

.00

.00

.00 \$

.00

.00

.00

.00

.00

.00

.00

ROOM USE

@STATE HOSPITAL

MENTALLY ILL

DEVELOP. DISABLED

CROSSOVERS/ALL OTH OUTPTNT

@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

	_	_							
INDEPENDENT FACILITY	0	0		0 0	.00	.000	.00		.00
@LABORATORY FACILITY	0	0 5		00 \$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		0.0	.00	.000	.00		.00
XO AND OTHERS	0	0		00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 5		00 \$.00	.000	\$.00	\$.00
CLINIC	0	0		00	.00	.000	.00		.00
SURGICENTER	0	0		0.0	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		0.0	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		0.0	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	S MONTH-OF-PAYMEN'	report	FOR JAN	2003 THRU	DEC 2003	PAGE	6,880
MOP024	FEE-FOR-SERVICE/DEN	ΓAL						01	/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES	FOR MEDICALLY	Y NEEDY - BLIND						
						M	ONTHLY AVERA	GE	

12 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS (COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	1	2 \$	22.10	\$ 11.05	.167 \$	22.10 \$	1.84

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,881 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MARIPOSA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

INNET ODII COCIVII	DOINIME OF DEEK	VICED FOR THEFTON		JUDI DIGINDUD					
						MON	THLY AVERA	GE -	
744 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CAR	Ξ		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@TOTAL, ALL PROVIDERS	678	18,112	\$	565,775.74	\$ 31.24	24.344 \$	834.48	\$	760.45
@PHYSICIANS SERVICES	118	841	\$	19,179.64	\$ 22.81	1.130 \$	162.54	\$	25.78
OUTPATIENT VISITS	21	28		1,261.47	45.05	.038	60.07		1.70
OFFICE VISITS	16	19		915.01	48.16	.026	57.19		1.23
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	2	4		137.96	34.49	.005	68.98		.19

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PREVENTIVE CARE	0	0		.00	.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00			.00		.00
OTHER OUTPATIENT	4	5		208.50	41.70			52.13		. 28
INPATIENT VISITS	2	9		140.08	15.56			70.04		.19
HOSPITAL VISITS	2	9		140.08	15.56			70.04		.19
CRITICAL CARE	0	0		.00	.00			.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00			.00		.00
OPHTHALMOLOGICAL SERVICES	1	2		123.86	61.93			123.86		.17
EXAMINATIONS	1	2		123.86	61.93			123.86		.17
SERVICES AND MATERIALS	0	0		.00	.00			.00		.00
INPATIENT HOSPITAL SURGERY	4	23		597.13	25.96			149.28		.80
PRINCIPAL SURGEON	2	2		75.26	37.63			37.63		.10
ASSISTANT SURGEON	2	0		.00	.00			.00		.00
ANESTHESIOLOGIST	0	21		521.87	24.85			260.94		.70
OUTPATIENT SURGERY	2 0	46		3,478.06	75.61			434.76		4.67
PRINCIPAL SURGEON	6	12		2,758.51	229.88			459.75		3.71
ASSISTANT SURGEON	0	0		.00	.00			.00		.00
	0	34		719.55	21.16			239.85		.97
ANESTHESIOLOGIST	3	0			.00			.00		.00
DIALYSIS	U	9		.00						.00
PATHOLOGY	21	63		54.66	6.07 44.87			10.93 134.62		3.80
RADIOLOGY	21	0		2,827.00						
PSYCHIATRY	2	0 61		.00	.00			.00		.00
IMMUNIZATION AND INJECTION				617.83	10.13			308.92		.83
OTHER SERVICES/ALL X-OVERS	80	600	4	10,079.55	16.80			125.99		13.55
@PHARMACY	563	•	\$	274,604.13	\$ 28.21		Ş	487.75	Ş	369.09
PRESCRIPTION DRUGS	554	2,683		262,952.36	98.01			474.64		353.43
SNF/ICF	36	327		21,713.17	66.40			603.14		29.18
OUTPATIENTS	518	2,356		241,239.19	102.39			465.71		324.25
MEDICAL SUPPLIES	53	7,050		11,651.77	1.65			219.84		15.66
@DENTIST	24		\$	5,615.00	\$ 51.05		Ş	233.96	Ş	7.55
VISITS - DIAGNOSTIC	16	49		813.00	16.59			50.81		1.09
ORAL SURGERY	1	4		295.00	73.75			295.00		. 40
DRUGS	0	0		.00	.00			.00		.00
ANESTHESIA	1	1		100.00	100.00			100.00		.13
PERIODONTICS	3	3		455.00	151.67			151.67		.61
ENDODONTICS	3	3		690.00	230.00			230.00		.93
RESTORATIVE DENTISTRY	7	21		1,785.00	85.00			255.00		2.40
PROSTHETICS	0	0		.00	.00			.00		.00
DENTURES, STAYPLATES	5	29		1,477.00	50.93			295.40		1.99
SPACE MAINTAINERS	0	0		.00	.00			.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00			.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00			.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00			.00		.00
ALL OTHER SERVICES	0	0		.00	.00			.00		.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURE	S MON	TH-OF-PAYMENT RI	EPORT FOR JA	N 2003 THRU	DEC	2003	P	PAGE 6,882
MOP024	FEE-FOR-SERVICE/									01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVI	CES FOR MEDICALL	Y NEEI	DY - DISABLED						
							-	HLY AVERA	_	
744 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE CC	ST UNITS/DA	YS (COST PER		COST PER

					101	OIA.	TITLL WARKE	ĽU.	
USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
	OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
14	35	\$ 566.93	\$	16.20	.047	\$	40.50	\$.76
3	3	106.90		35.63	.004		35.63		.14
11	30	450.18		15.01	.040		40.93		.61
1	2	9.85		4.93	.003		9.85		.01
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
12	13	\$ 95.43	\$	7.34	.017	\$	7.95	\$.13
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
	USERS 14 3 11 0 0 12 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE 14 35 \$ 3 3 11 30 1 2 0 0 \$ 0 0 12 13 \$ 0 0 0 0	OR DAYS OF CARE 14	OR DAYS OF CARE 14 35 \$ 566.93 \$ 3 3 106.90 11 30 450.18 1 2 9.85 0 0 \$.00 \$ 0 0 .00 0 0 .00 12 13 \$ 95.43 \$ 0 0 0 .00	OR DAYS OF CARE 14 35 \$ 566.93 \$ 16.20 3 3 106.90 35.63 11 30 450.18 15.01 1 2 9.85 4.93 0 0 \$.00 \$.00 0 0 .00 .00 0 0 .00 .00 12 13 \$ 95.43 \$ 7.34 0 0 0 .00	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE 14 35 \$ 566.93 \$ 16.20 .047 3 3 106.90 35.63 .004 11 30 450.18 15.01 .040 1 2 9.85 4.93 .003 0 0 \$.00 \$.00 \$.00 0 0 .00 \$.00 .000 0 0 0 .00 .00 .000 12 13 \$ 95.43 \$ 7.34 .017 0 0 0 .00	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES PER UNIT/DAY AVERAGE COST UNITS/DAYS PER UNIT/DAY DAYS 14 35 \$ 566.93 \$ 16.20 .047 \$ 3 3 106.90 35.63 .004 11 30 450.18 15.01 .040 1 2 9.85 4.93 .003 0 0 .00 \$.00 .000 \$ 0 0 .00 .00 .000 <td< td=""><td>USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER PER UNIT/DAY COST PER PER UNIT/DAY COST PER PER UNIT/DAY PER ELIG USER 14 35 \$ 566.93 \$ 16.20 .047 \$ 40.50 3 3 106.90 35.63 .004 35.63 11 30 450.18 15.01 .040 40.93 1 2 9.85 4.93 .003 9.85 0 0 \$.00 .000 .000 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 12 13 \$ 95.43 \$ 7.34 .017 \$ 7.95 0 0 .00 .00 .00 .00</td><td>OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 14 35 \$ 566.93 \$ 16.20 .047 \$ 40.50 \$ 3 3 106.90 35.63 .004 35.63 11 30 450.18 15.01 .040 40.93 1 2 9.85 4.93 .003 9.85 0 0 \$.00 .00 .000 \$ 0 0 .00 .00 .000 .00 .00 12 13 \$ 95.43 \$ 7.34 .017 \$ 7.95 \$ 0 0 .00 .00 .00 .00 .00 .00</td></td<>	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER PER UNIT/DAY COST PER PER UNIT/DAY COST PER PER UNIT/DAY PER ELIG USER 14 35 \$ 566.93 \$ 16.20 .047 \$ 40.50 3 3 106.90 35.63 .004 35.63 11 30 450.18 15.01 .040 40.93 1 2 9.85 4.93 .003 9.85 0 0 \$.00 .000 .000 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 12 13 \$ 95.43 \$ 7.34 .017 \$ 7.95 0 0 .00 .00 .00 .00	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 14 35 \$ 566.93 \$ 16.20 .047 \$ 40.50 \$ 3 3 106.90 35.63 .004 35.63 11 30 450.18 15.01 .040 40.93 1 2 9.85 4.93 .003 9.85 0 0 \$.00 .00 .000 \$ 0 0 .00 .00 .000 .00 .00 12 13 \$ 95.43 \$ 7.34 .017 \$ 7.95 \$ 0 0 .00 .00 .00 .00 .00 .00

RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	12	13		95.43		7.34	.017		7.95		.13
@HOME HEALTH AGENCY	0	0 :	ż.	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	<u>.</u>	.00	Š	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	Υ 	.00	Ċ	.00	.000	\$.00	Š	.00
	0	0 :	γ 4		ې خ	.00					
PEDIATRIC NURSE PRACTITIONER	-		2	.00	\$.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 :	Ş	.00	Ş	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	94	414	\$	43,240.93	\$	104.45	.556	\$	460.01	\$	58.12
HOSP INPATIENT TOTAL	11	51		33,476.79		656.41	.069		3043.34		45.00
HSC HOSPITALS	4	30		28,321.00		944.03	.040		7080.25		38.07
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0	0									
TRANSITIONAL IP CARE	U	U		.00		.00	.000		.00		.00
ALL OTHER ACCOM	Ü	Ü		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	7	21		5,155.79		245.51	.028		736.54		6.93
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	86	363		9,764.14		26.90	.488		113.54		13.12
MEDICAL	12	17		797.56		46.92	.023		66.46		1.07
SURGERY	7	7		781.68		111.67	.009		111.67		1.05
PATHOLOGY	16	57		626.97		11.00	.077		39.19		.84
RADIOLOGY	14	18		1,618.79		89.93	.024		115.63		2.18
ROOM USE	19	33		1,722.31		52.19	.044		90.65		2.31
CROSSOVERS/ALL OTH OUTPTNT	67	231		4,216.83		18.25	.310		62.94		5.67
@COUNTY HOSPITAL TOTAL	2	5 :	\$	645.99	\$	129.20	.007	\$	323.00	\$.87
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0	0									
TRANSITIONAL IP CARE	U	U		.00		.00	.000		.00		.00
ALL OTHER ACCOM	Ü	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	5		645.99		129.20	.007		323.00		.87
MEDICAL	1	1		27.41		27.41	.001		27.41		.04
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	2		30.31		15.16	.003		30.31		.04
RADIOLOGY	2	2		588.27		294.14	.003		294.14		.79
	0	0		.00		.00			.00		
ROOM USE	-	0					.000				.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
		ES AND EXPENDITURES	S MONT	TH-OF-PAYMENT RE	EPOR'	r for Jan :	2003 THRU I	DEC	2003	PI	AGE 6,883
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLY	Y NEED	DY - DISABLED							
							MC	ITNC	HLY AVERA	GE -	
744 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV.	ERAGE COST	UNITS/DAYS	3 (COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER	E	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	92		\$	42,594.94	\$	104.14	.550	\$	462.99		57.25
COMM HOSP INPATIENT TOTAL	11	51	r	33,476.79	Y	656.41	.069	~	3043.34	~	45.00
	4	30		28,321.00		944.03	.040		7080.25		38.07
HSC HOSPITALS											
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCTLLARTES	Ω	Ω		0.0		0.0	000		0.0		0.0

.00

.00 5,155.79

.00

.00

245.51

.000

.028

.000

0 7 0

0 21

0

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

ANCILLARIES

.00

.00

6.93

.00

.00

COMM HOSP OUTPATIENT TOTAL	84	358		9,118.15		25.47	.481		108.55		12.26
MEDICAL	11	16		770.15		48.13	.022		70.01		1.04
SURGERY	7	7		781.68		111.67	.009		111.67		1.05
PATHOLOGY	15	55		596.66		10.85	.074		39.78		.80
RADIOLOGY	12	16		1,030.52		64.41	.022		85.88		1.39
ROOM USE	19	33		1,722.31		52.19	.044		90.65		2.31
CROSSOVERS/ALL OTH OUTPINT	67	231		4,216.83		18.25	.310		62.94		5.67
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00	-	.00	.000	-	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	35	931	\$	166,715.17	\$	179.07	1.251	\$	4763.29	\$	224.08
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	35	931		166,715.17		179.07	1.251		4763.29		224.08
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	1	\$	161.86	\$	161.86	.001	\$	161.86	\$.22
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	1		161.86		161.86	.001		161.86		.22
@REHABILITATION FACILITY	4	27	\$	642.85	\$	23.81	.036	\$	160.71	\$.86
HOSPITAL BASED	4	27		642.85		23.81	.036		160.71		.86
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	16	39	\$	789.32	\$.052	\$	49.33	\$	1.06
PATHOLOGY	11	31		692.50		22.34	.042		62.95		.93
XO AND OTHERS	5	8		96.82		12.10	.011		19.36		.13
@ORGANIZED OUTPATIENT CLINIC	227	383	\$	23,506.27				\$	103.55	\$	31.59
CLINIC	1	3		73.03		24.34	.004		73.03		.10
SURGICENTER	2	6		228.48		38.08	.008		114.24		.31
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	225	374		23,204.76		62.04	.503		103.13		31.19
	MEDI-CAL SERVICES AND I	EXPENDITU	JRES N	MONTH-OF-PAYMENT F	REPOR'	T FOR JAN	2003 THRU	DEC	2003	PI	AGE 6,884
	FEE-FOR-SERVICE/DENTAL										01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	R MEDICA	ALLY 1	NEEDY - DISABLED							
EAA ELTGIDIDO	TIGERS INTEG						M				

					11011		C -
744 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	135	5,585 \$	30,658.21	\$ 5.49	7.507 \$	227.10	\$ 41.21
DURABLE MED. EQUIP.	5	23	7,565.89	328.95	.031	1513.18	10.17
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	9	2,468.77	274.31	.012	493.75	3.32
MEDICAL TRANSPORTATION	13	376	4,412.03	11.73	.505	339.39	5.93
AMBULANCES/AIR TRANS	5	121	1,813.87	14.99	.163	362.77	2.44
OTHER TRANS	7	232	652.02	2.81	.312	93.15	.88
OTHER SERVICES	4	23	1,946.14	84.61	.031	486.54	2.62
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	13	30	373.76	12.46	.040	28.75	.50
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	10	229.90	22.99	.013	57.48	.31
PROSTHETICS	4	10	229.90	22.99	.013	57.48	.31
ORTHOTICS	0	0	.00	.00	.000	.00	.00

PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	16	1,817	9,967.03	5.49	2.442	622.94	13.40
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	89	3,320	5,640.83	1.70	4.462	63.38	7.58
@CALIF. CHILDREN SERVICES*	11	56	\$ 10,215.77	\$ 182.42	.075	\$ 928.71	\$ 13.73
@XOVER EXCLUDING STATE HOSP**	200	1,331	\$ 26,321.87	\$ 19.78	1.789	\$ 131.61	\$ 35.38

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,885 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

11,727 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

@OPTOMETRIST	133	329	\$	7,851.74	\$	23.87	.028	\$	59.04	\$.67
DIAGNOSTIC AND ANC. PROCED	96	96		4,454.81		46.40	.008		46.40		.38
EYE APPLIANCES	81	224		2,844.73		12.70	.019		35.12		.24
OTHER OPTOMETRIC SERVICES	10	9	_	552.20		61.36	.001	_	55.22		.05
@CHIROPRACTOR	57 57	85	\$	1,408.66	\$	16.57	.007	Ş	24.71	Ş	.12
VISITS OTHER SERVICES	0	85 0		1,408.66 .00		16.57 .00	.007		24.71 .00		.12 .00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	Ċ	.00
MEDICINE/INJECTIONS	0	0	Y	.00	Y	.00	.000	Ų	.00	Y	.00
SURGERY/ANES.	Ō	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	9	13	\$	721.14	\$	55.47	.001	\$	80.13	\$.06
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	. 0	1 0	Ş	57.20 .00	\$	57.20 .00	.000	\$	57.20 .00	\$.00
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	. 0	0	Ġ	.00	\$.00	.000	\$.00	۶ \$.00
@TOTAL HOSPITAL	1,223	5,501	Ŝ	471,319.40	Š	85.68	.469	\$	385.38		40.19
HOSP INPATIENT TOTAL	79	235	٧	312,281.69	۲	1328.86	.020	٧	3952.93	٧	26.63
HSC HOSPITALS	72	217		285,770.34		1316.91	.019		3969.03		24.37
NON-HSC HOSPITAL TOTAL	8	18		26,511.35		1472.85	.002		3313.92		2.26
ACCOMMODATIONS	8	18		9,317.87		517.66	.002		1164.73		.79
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0 8	0 18		.00		.00	.000		.00 1164.73		.00
ALL OTHER ACCOM ANCILLARIES	8	0		9,317.87 17,193.48		517.66 .00	.002		2149.19		.79 1.47
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,176	5,266		159,037.71		30.20	.449		135.24		13.56
MEDICAL	732	1,023		48,531.50		47.44	.087		66.30		4.14
SURGERY	104	116		8,723.85		75.21	.010		83.88		.74
PATHOLOGY	374	1,534		15,485.93		10.10	.131		41.41		1.32
RADIOLOGY	394 813	535 1,054		31,255.38 40,924.27		58.42 38.83	.046 .090		79.33 50.34		2.67 3.49
ROOM USE CROSSOVERS/ALL OTH OUTPTNT		1,004		14,116.78		14.06	.086		30.10		1.20
@COUNTY HOSPITAL TOTAL	68	344	\$	31,226.45	\$	90.77	.029	\$	459.21	Ġ	2.66
CO HOSPITAL INPATIENT TOTAL		25	т.	22,720.00	т.	908.80	.002	7	3786.67	т.	1.94
HSC HOSPITALS	6	25		22,720.00		908.80	.002		3786.67		1.94
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	Ö	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	63	319		8,506.45		26.67	.027		135.02		.73
MEDICAL	20	27		728.85		26.99	.002		36.44		.06
SURGERY	8	10		155.30		15.53	.001		19.41		.01
PATHOLOGY RADIOLOGY	20 27	73 36		808.52 3,018.22		11.08 83.84	.006		40.43 111.79		.07 .26
ROOM USE	40	52		2,237.13		43.02	.003		55.93		.19
CROSSOVERS/ALL OTH OUTPTNT		121		1,558.43		12.88	.010		50.27		.13
#CALIF DEPT OF HEALTH SERV			ES I	MONTH-OF-PAYMENT R	EPOR			DEC		P^{I}	AGE 6,887
MOP024	FEE-FOR-SERVICE										01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	VICES FOR MEDICAL	LY I	NEEDY - FAMILIES			T.M.		מרודע אנודע	C E	
11,727 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	M UNITS/DAY				COST PER
·		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG		USER	E	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,176	5,157	\$	440,092.95	\$	85.34	.440	\$	374.23	\$	37.53

	- 4	010		000 561 60		1000 00	010		2012 00		0.4.60
COMM HOSP INPATIENT TOTAL	74	210		289,561.69		1378.87	.018		3913.00		24.69
HSC HOSPITALS	66	192		263,050.34		1370.05	.016		3985.61		22.43
NON-HSC HOSPITALS TOTAL	8	18		26,511.35		1472.85	.002		3313.92		2.26
ACCOMMODATIONS	8	18		9,317.87		517.66	.002		1164.73		.79
	0										
ADMINISTRATIVE DAYS		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	18		9,317.87		517.66	.002		1164.73		.79
ANCILLARIES	8	0		17,193.48		.00	.000		2149.19		1.47
	0	Ö				.00					
INPATIENT CROSSOVERS	Ū			.00			.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1,131	4,947		150,531.26		30.43	.422		133.10		12.84
MEDICAL	719	996		47,802.65		47.99	.085		66.48		4.08
	97	106				80.84	.009		88.34		.73
SURGERY				8,568.55							
PATHOLOGY	358	1,461		14,677.41		10.05	.125		41.00		1.25
RADIOLOGY	368	499		28,237.16		56.59	.043		76.73		2.41
ROOM USE	784	1,002		38,687.14		38.61	.085		49.35		3.30
CROSSOVERS/ALL OTH OUTPTNT		883		12,558.35		14.22	.075		28.16		1.07
				·	4			4		4	
@STATE HOSPITAL	0	0 \$	•	.00	\$.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	0 \$:	2.98	\$.00	.000	Ś	2.98	Ś	.00
LEV A-INTERMEDIATE	0	0	•		٧	.00	.000	~	.00	٧	.00
	0			.00							
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0										
LEV B-REGULAR	Ţ	0		2.98		.00	.000		2.98		.00
@INTERMEDIATE CARE FACILDD	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
	0										
@HEMODIALYSIS TOTAL	0	0 \$	5	.00	\$.00	.000	Ş	.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	3	9 \$		374.81	\$	41.65	.001	Ġ	124.94	Ġ	.03
	2	9	,	374.81	Y		.001	Ÿ	124.94	Y	
HOSPITAL BASED	3					41.65					.03
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	385	1,094 \$		17,771.90	\$	16.24	.093	\$	46.16	\$	1.52
PATHOLOGY	383	1,090		17,699.93		16.24	.093		46.21		1.51
XO AND OTHERS	3	4		71.97		17.99	.000		23.99		.01
	2,536				\$	109.57		4	175.33	ė.	37.92
@ORGANIZED OUTPATIENT CLINIC		4,058 \$	•		Ş		.346	Þ		Þ	
CLINIC	37	116		3,209.51		27.67	.010		86.74		. 27
SURGICENTER	39	175		6,766.98		38.67	.015		173.51		.58
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,478	3,767		434,661.33		115.39	.321		175.41		37.07
								556		_	
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	MONTH	-OF-PAYMENT RE	SPORT	FOR JAN	2003 THRU	DEC	2003	P	AGE 6,888
MOP024	FEE-FOR-SERVICE	:/DENTAL									01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	VICES FOR MEDICALLY	NEEDY	- FAMILIES							
							M	ONTI	HIY AWERA	GE.	
11,727 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7. 7. 7. 7.	ים אמני מסמיי	UNITS/DAY				COST PER
II,/Z/ ELIGIBLES	USEKS			EVERNOTIONES							
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	602	6,027 \$;	53,675.91	\$	8.91	.514	\$	89.16	\$	4.58
DURABLE MED. EQUIP.	14	26		1,646.24		63.32	.002		117.59		.14
BLOOD BANK	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	115 115										
MEDICAL TRANSPORTATION	115	2,800		35,545.25		12.69	.239		309.09		3.03
AMBULANCES/AIR TRANS	115	2,794		26,545.25		9.50	.238		230.83		2.26
OTHED TOXNO	0	, ,		0.0		0.0	000		0.0		0.0

0 6 0

0

6

0

OTHER TRANS

ACUPUNCTURE

OTHER SERVICES

.00

.00

.00

.00

1500.00

.000

.001

.000

.00

.00

1500.00

.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.00)	.00	.00
GENETIC DISEASE TESTING	15	15	1,451.00	96.73	.00	_	96.73	.12
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.00)	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.00)	.00	.00
OPTICIAN	122	308	3,322.41	10.79	.02	5	27.23	.28
PHYSICAL THERAPIST	0	0	.00	.00	.00)	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.00)	.00	.00
PROSTHETIST/ORTHOTISTS	12	15	761.41	50.76	.00	_	63.45	.06
PROSTHETICS	4	5	364.03	72.81	.00)	91.01	.03
ORTHOTICS	8	10	397.38	39.74	.00	-	49.67	.03
PSYCHOLOGIST	0	0	.00	.00	.00)	.00	.00
SPEECH AND AUDIOLOGY	3	8	336.99	42.12	.00	_	112.33	.03
HOSPICE SERVICES	0	0	.00	.00	.00)	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.00)	.00	.00
LOCAL EDUCATION AGENCIES	310	1,785	9,889.72	5.54	.15	2	31.90	.84
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.00)	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.00)	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.00)	.00	.00
ALL OTHER PROVIDERS	17	1,070	722.89	.68	.09	-	42.52	.06
@CALIF. CHILDREN SERVICES*	36	165	\$ 100,829.98	\$ 611.09		\$	2800.83	\$ 8.60
@XOVER EXCLUDING STATE HOSP**	18	40	\$ 262.43	\$ 6.56	.00	\$	14.58	\$.02

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 6,889

MONIBULIA ALIBOAGE

01/29/04

MARIPOSA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

					MON	ITHLY AVERA	GE
13,750 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	7,471	102,013 \$	4,617,528.19	\$ 45.26	7.419	618.06	\$ 335.82
@PHYSICIANS SERVICES	1,526	5,136 \$	214,908.06	\$ 41.84	.374	140.83	\$ 15.63
OUTPATIENT VISITS	505	734	31,101.22	42.37	.053	61.59	2.26
OFFICE VISITS	264	326	12,541.09	38.47	.024	47.50	.91
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	122	144	8,259.32	57.36	.010	67.70	.60
PREVENTIVE CARE	2	2	78.54	39.27	.000	39.27	.01
OB VISITS/COMPRE PERI	75	197	8,285.57	42.06	.014	110.47	.60
OTHER OUTPATIENT	62	65	1,936.70	29.80	.005	31.24	.14
INPATIENT VISITS	80	171	9,657.85	56.48	.012	120.72	.70
HOSPITAL VISITS	76	148	6,951.79	46.97	.011	91.47	.51
CRITICAL CARE	7	23	2,706.06	117.65	.002	386.58	.20
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	25	28	1,246.69	44.52	.002	49.87	.09
EXAMINATIONS	25	28	1,246.69	44.52	.002	49.87	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	87	397	44,487.82	112.06	.029	511.35	3.24
PRINCIPAL SURGEON	60	85	35,363.12	416.04	.006	589.39	2.57
ASSISTANT SURGEON	13	13	2,328.80	179.14	.001	179.14	.17
ANESTHESIOLOGIST	30	299	6,795.90	22.73	.022	226.53	.49
OUTPATIENT SURGERY	133	453	29,977.03	66.17	.033	225.39	2.18
PRINCIPAL SURGEON	104	166	23,400.72	140.97	.012	225.01	1.70
ASSISTANT SURGEON	2	2	255.22	127.61	.000	127.61	.02
ANESTHESIOLOGIST	46	285	6,321.09	22.18	.021	137.42	.46
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	118	319	2,633.40	8.26	.023	22.32	.19
RADIOLOGY	679	1,010	37,669.59	37.30	.073	55.48	2.74
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	28	688	31,772.30	46.18	.050	1134.73	2.31
OTHER SERVICES/ALL X-OVERS	361	1,336	26,362.16	19.73	.097	73.03	1.92

@PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES	4,285 4,263 400 3,878 123	25,686 13,896 3,023 10,873 11,790	\$	1,003,421.83 985,992.03 173,976.00 812,016.03 17,429.80	\$	39.06 70.96 57.55 74.68 1.48	1.868 1.011 .220 .791 .857	\$	234.17 231.29 434.94 209.39 141.71	\$	72.98 71.71 12.65 59.06 1.27
@DENTIST	572	2,729	\$	115,439.69	\$	42.30	.198	\$	201.82	\$	8.40
VISITS - DIAGNOSTIC	355	1,548	•	23,171.62	•	14.97	.113	-	65.27	•	1.69
ORAL SURGERY	84	248		17,152.00		69.16	.018		204.19		1.25
DRUGS	8	24		320.00		13.33	.002		40.00		.02
ANESTHESIA	22	25		2,100.00		84.00	.002		95.45		.15
PERIODONTICS	18	17		2,038.00		119.88	.001		113.22		.15
ENDODONTICS	69	130		18,835.00		144.88	.009		272.97		1.37
RESTORATIVE DENTISTRY	178	552		37,431.00		67.81	.040		210.29		2.72
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	17	69		5,055.00		73.26	.005		297.35		.37
SPACE MAINTAINERS	4	5		573.00		114.60	.000		143.25		.04

MAXILLOFACIAL SERVICES	16	16	1,649.07	103.07	.001	103.07		.12
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	65	76	6,890.00	90.66	.006	106.00		.50
ALL OTHER SERVICES	19	19	225.00	11.84	.001	11.84		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES	MONTH-OF-PAYMENT REP	ORT FOR JAN	2003 THRU DEC	2003	PAGE	6,890
MOP024	FEE-FOR-SERVICE/DENT	ΓAL					01,	/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES	FOR MEDICALLY	NEEDY - TOTAL					

MARIPOSA COUNTY ----- MONTHLY AVERAGE -----EXPENDITURES 13.750 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER 166 OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE
 9,440.59
 \$ 22.69
 .030

 4,893.86
 46.17
 .008

 3,846.47
 13.26
 .021

 700.26
 35.01
 .001

 1,442.10
 \$ 16.58
 .006

 1,408.66
 16.57
 .006

 33.44
 16.72
 .000

 157.97
 \$ 5.45
 .002

 .00
 .00
 .00

 .00
 .00
 .00

 .00
 .00
 .00

 .00
 .00
 .00

 .00
 .00
 .00

 .00
 .00
 .00

 .00
 \$ 00
 .00

 .00
 .00
 .00

 .00
 \$ 57.20
 .00

 .00
 .00
 .00

 .00
 \$ 57.20
 .00

 .00
 .00
 .00

 .00
 .00
 .00

 .00
 .00
 .00

 .00
 .00
 .00

 .00
 .00
 .00

 < 9,440.59 \$ 22.69 .030 \$ 56.87 \$.69 @OPTOMETRIST 416 46.17 DIAGNOSTIC AND ANC. PROCED 106 106 4,893.86 4,893.86 46.17 3,846.47 13.26 700.26 35.01 46.17 .008 .36 EYE APPLIANCES 105 290 36.63 20 16 OTHER OPTOMETRIC SERVICES .001 43.77 .05 87 .006 \$ 24.44 \$.10 @CHIROPRACTOR 24.71 16 72 85 2 .006 VISITS .10 OTHER SERVICES 2 16.72 .00 29 .002 \$ 5.85 \$ @PODTATRIST . 01 0 .000 0 MEDICINE/INJECTIONS .00 .00 0 0 29 13 \$ 0 \$ 1 \$.00 SURGERY/ANES. .00 RADIO./PATHOLOGY .00 . 00 27 5.85 .01 OTHER 9 .001 \$ 80.13 \$ @HOME HEALTH AGENCY . 05 0 .000 \$.00 NURSE ANESTHESIST .00 \$.000 \$ 57.20 \$ NURSE MIDWIFE .00 .000 \$.00 \$ PEDIATRIC NURSE PRACTITIONER .00 0 0 1,423 6,206 .000 \$ FAMILY NURSE PRACTITIONER .00 \$.00 .451 \$ 368.79 \$ @TOTAL HOSPITAL 1,423 6,206 \$
98 327
76 247
8 18
8 18
0 0 0
0 8 18
8 0
15 62
0 0
1,361 5,879
744 1,040
111 123 38.17 98 HOSP INPATIENT TOTAL 3596.15 HSC HOSPITALS 4132.78 22.84 3313.92 NON-HSC HOSPITAL TOTAL 1.93 ACCOMMODATIONS 1164.73 . 68 .00 ADMINISTRATIVE DAYS .00 TRANSITIONAL IP CARE .00 . 00 1164.73 2149.19 ALL OTHER ACCOM .68 8 15 0 ANCILLARIES 1.25 787.99 .86 INPATIENT CROSSOVERS .00 ALL OTHER INPATIENT .00 υ 1,361 126.65 66.30 HOSP OUTPATIENT TOTAL 12.54 744 3.59 MEDICAL SURGERY 111 123 85.64 . 69 390 1,591 .116 41.32 PATHOLOGY 1.17 408 RADIOLOGY 553 80.57 1,087 1,485 832 51.26 3.10 ROOM USE 635 CROSSOVERS/ALL OTH OUTPINT 34.49 1.59 71 358 @COUNTY HOSPITAL TOTAL .026 \$ 450.72 \$ 2.33 25 908.80 CO HOSPITAL INPATIENT TOTAL 22,720.00 .002 3786.67 908.80 .002 .00 .000 .00 .000 .00 .000 .00 .000 .00 .000 .00 .000 .00 .000 .00 .000 .00 .000 .27.87 .024 27.01 HSC HOSPITALS 22,720.00 3786.67 1.65 Ο .00 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 ACCOMMODATIONS .00 .00 .00 ADMINISTRATIVE DAYS .00 TRANSITIONAL IP CARE .00 .00 .00 .00 ALL OTHER ACCOM .00 .00 ANCILLARIES .00 .00 .00 .00 .00 INPATIENT CROSSOVERS .00 .00 0 .00 ALL OTHER INPATIENT . 00 9,281.43 CO HOSP OUTPATIENT TOTAL 333 140.63 .68 2.1 28 756.26 27.01 .002 36.01 MEDICAL .06 .001 8 1.0 155.30 15.53 19.41 SURGERY . 01 PATHOLOGY 21 838.83 11.18 .005 39.94 .06

29 38 .26 RADIOLOGY 3,606.49 94.91 .003 124.36 52 55.93 ROOM USE 40 2,237.13 43.02 .004 .16 130 1,687.42 12.98 .009 52.73 .12 CROSSOVERS/ALL OTH OUTPTNT 32 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,891 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

The part	MOP024	FEE-FOR-SERVICE/	DENTAL								01/29/04
13.750 ELIGILES	MARIPOSA COUNTY	SUMMARY OF SERVI	CES FOR MEDICALLY	NEEDY - TOTAL							
COMMUNITY HOSPITAL TOTAL							N	IONT:	HLY AVERA	GE	
COMMUNITY HOSPITAL TOTAL	13.750 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURE	S AVE	RAGE COST					
COMMINITY HOSPITAL TOTAL	•			2111 2112 1 0 1 1	-						
HSC HOSPITALS TOTAL 8 18 18 26.511.37 1472.85 .001 4162.45 21.19 NON-HSC HOSPITALS TOTAL 8 18 18 26.511.37 517.66 .001 3313.2 1.98 NON-HSC HOSPITALS TOTAL 8 10 9,317.57 517.66 .001 1164.73 .68 NOWINISTRATIVE DAYS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 8 18 18 9,317.87 517.66 .001 1164.73 .68 ANCILLARIES 8 0 0 17.193.49 .00 .00 .2149.19 1.25 IMPATIENT CROSSOVERS 15 62 11.819.79 190.64 .005 787.99 .86 ALL OTHER INPATIENT TOTAL 1,333 5.546 163.096.09 .00 .000 .000 .000 .000 COMM HOSP OUTPATIENT TOTAL 1,333 5.546 163.096.69 .29 41 .403 166.24 11.88 SINGERY 104 1113 98.550.23 82.75 .008 89.91 1.88 SINGERY 373 1.516 15.274.07 10.08 .110 40.95 11.18 RADIOLOGY 373 1.516 15.274.07 10.08 .110 40.95 1.11 RADIOLOGY 380 515 29.267.69 56.83 .037 77.02 2.13 ROOM USE 803 1.035 40.409.45 39.04 .075 50.32 2.94 CROSSOVERS/ALL OTH OUTPTNT 611 1.355 20.215.46 14.92 .099 33.09 1.47 SINGERY 1.548 SINGERY 1.548 CROSSOVERS/ALL OTH OUTPTNT 611 1.355 20.215.46 14.92 .099 33.09 1.47 SINGERY 1.548 SINGERY 1.548 CROSSOVERS/ALL OTH OUTPTNT 611 1.555 20.215.46 14.92 .099 33.09 1.47 SINGERY 1.548 SINGERY 1.548 CROSSOVERS/ALL OTH OUTPTNT 611 1.555 20.215.46 14.92 .099 33.09 1.47 SINGERY 1.548 SINGERY 1.548 CROSSOVERS/ALL OTH OUTPTNT 611 1.555 20.215.46 14.92 .099 33.09 1.47 SINGERY 1.548 CROSSOVERS/ALL OTH OUTPTNT 611 1.555 20.215.46 14.92 .099 33.09 1.47 SINGERY 1.548 CROSSOVERS/ALL OTH OUTPTNT 611 1.555 20.215.46 14.92 .099 33.09 1.47 SINGERY 1.548 CROSSOVERS/ALL OTH OUTPTNT 611 1.555 20.215.46 14.92 .099 33.09 1.47 SINGERY 1.548 CROSSOVERS/ALL OTH OUTPTNT 611 1.555 20.215.46 14.92 .099 33.09 1.47 SINGERY 1.548 CROSSOVERS/ALL OTH OUTPTNT 611 1.555 20.215.46 14.92 .099 35.00 .000 .000 .000 .000 .000 .000 .00	@COMMINITY HOSDITAL TOTAL	1 373		492 792 1							
HSC HOSPITALS TOTAL 8 18 18 26.511.37 1472.85 .001 4162.45 21.19 NON-HSC HOSPITALS TOTAL 8 18 18 26.511.37 517.66 .001 3313.2 1.98 NON-HSC HOSPITALS TOTAL 8 10 9,317.57 517.66 .001 1164.73 .68 NOWINISTRATIVE DAYS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 8 18 18 9,317.87 517.66 .001 1164.73 .68 ANCILLARIES 8 0 0 17.193.49 .00 .00 .2149.19 1.25 IMPATIENT CROSSOVERS 15 62 11.819.79 190.64 .005 787.99 .86 ALL OTHER INPATIENT TOTAL 1,333 5.546 163.096.09 .00 .000 .000 .000 .000 COMM HOSP OUTPATIENT TOTAL 1,333 5.546 163.096.69 .29 41 .403 166.24 11.88 SINGERY 104 1113 98.550.23 82.75 .008 89.91 1.88 SINGERY 373 1.516 15.274.07 10.08 .110 40.95 11.18 RADIOLOGY 373 1.516 15.274.07 10.08 .110 40.95 1.11 RADIOLOGY 380 515 29.267.69 56.83 .037 77.02 2.13 ROOM USE 803 1.035 40.409.45 39.04 .075 50.32 2.94 CROSSOVERS/ALL OTH OUTPTNT 611 1.355 20.215.46 14.92 .099 33.09 1.47 SINGERY 1.548 SINGERY 1.548 CROSSOVERS/ALL OTH OUTPTNT 611 1.355 20.215.46 14.92 .099 33.09 1.47 SINGERY 1.548 SINGERY 1.548 CROSSOVERS/ALL OTH OUTPTNT 611 1.555 20.215.46 14.92 .099 33.09 1.47 SINGERY 1.548 SINGERY 1.548 CROSSOVERS/ALL OTH OUTPTNT 611 1.555 20.215.46 14.92 .099 33.09 1.47 SINGERY 1.548 SINGERY 1.548 CROSSOVERS/ALL OTH OUTPTNT 611 1.555 20.215.46 14.92 .099 33.09 1.47 SINGERY 1.548 CROSSOVERS/ALL OTH OUTPTNT 611 1.555 20.215.46 14.92 .099 33.09 1.47 SINGERY 1.548 CROSSOVERS/ALL OTH OUTPTNT 611 1.555 20.215.46 14.92 .099 33.09 1.47 SINGERY 1.548 CROSSOVERS/ALL OTH OUTPTNT 611 1.555 20.215.46 14.92 .099 33.09 1.47 SINGERY 1.548 CROSSOVERS/ALL OTH OUTPTNT 611 1.555 20.215.46 14.92 .099 33.09 1.47 SINGERY 1.548 CROSSOVERS/ALL OTH OUTPTNT 611 1.555 20.215.46 14.92 .099 35.00 .000 .000 .000 .000 .000 .000 .00	COMM HOCD INDATTENT TOTAL	1,373						Ÿ		Y	
NON-HISC HOSPITALS TOTAL 8	UGG HOODTEALG	93 70									
MEDICAL SURGERY 104 113 9,550.23 82.75 008 89-91 66 PATHOLOGY 373 1,516 115,274.07 10.08 110 40.95 1.11 RADIOLOGY 380 515 29,267.68 56.83 0.37 77.02 2.13 ROOM USE CROSSOVERS/ALL OTH OUTPINT 611 1,355 20,215,46 803 1,035 40,409.45 39.04 0.75 50.32 2.94 8STATE HOSPITAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		70	222								
MEDICAL SURGERY 104 113 9,550.23 82.75 008 89-91 66 PATHOLOGY 373 1,516 115,274.07 10.08 110 40.95 1.11 RADIOLOGY 380 515 29,267.68 56.83 0.37 77.02 2.13 ROOM USE CROSSOVERS/ALL OTH OUTPINT 611 1,355 20,215,46 803 1,035 40,409.45 39.04 0.75 50.32 2.94 8STATE HOSPITAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		8	18								
MEDICAL SURGERY 104 113 9,550.23 82.75 008 89-91 66 PATHOLOGY 373 1,516 115,274.07 10.08 110 40.95 1.11 RADIOLOGY 380 515 29,267.68 56.83 0.37 77.02 2.13 ROOM USE CROSSOVERS/ALL OTH OUTPINT 611 1,355 20,215,46 803 1,035 40,409.45 39.04 0.75 50.32 2.94 8STATE HOSPITAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		8	18								
MEDICAL SURGERY 104 113 9,550.23 82.75 008 89-91 66 PATHOLOGY 373 1,516 115,274.07 10.08 110 40.95 1.11 RADIOLOGY 380 515 29,267.68 56.83 0.37 77.02 2.13 ROOM USE CROSSOVERS/ALL OTH OUTPINT 611 1,355 20,215,46 803 1,035 40,409.45 39.04 0.75 50.32 2.94 8STATE HOSPITAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0								
MEDICAL SURGERY 104 113 9,550.23 82.75 008 89-91 66 PATHOLOGY 373 1,516 115,274.07 10.08 110 40.95 1.11 RADIOLOGY 380 515 29,267.68 56.83 0.37 77.02 2.13 ROOM USE CROSSOVERS/ALL OTH OUTPINT 611 1,355 20,215,46 803 1,035 40,409.45 39.04 0.75 50.32 2.94 8STATE HOSPITAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0								
MEDICAL SURGERY 104 113 9,550.23 82.75 008 89-91 66 PATHOLOGY 373 1,516 115,274.07 10.08 110 40.95 1.11 RADIOLOGY 380 515 29,267.68 56.83 0.37 77.02 2.13 ROOM USE CROSSOVERS/ALL OTH OUTPINT 611 1,355 20,215,46 803 1,035 40,409.45 39.04 0.75 50.32 2.94 8STATE HOSPITAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ALL OTHER ACCOM	8	18	9,317.8	37	517.66	.001				
MEDICAL SURGERY 104 113 9,550.23 82.75 008 89-91 66 PATHOLOGY 373 1,516 115,274.07 10.08 110 40.95 1.11 RADIOLOGY 380 515 29,267.68 56.83 0.37 77.02 2.13 ROOM USE CROSSOVERS/ALL OTH OUTPINT 611 1,355 20,215,46 803 1,035 40,409.45 39.04 0.75 50.32 2.94 8STATE HOSPITAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ANCILLARIES	8	0			.00	.000		2149.19		1.25
MEDICAL SURGERY 104 113 9,550.23 82.75 008 89-91 66 PATHOLOGY 373 1,516 115,274.07 10.08 110 40.95 1.11 RADIOLOGY 380 515 29,267.68 56.83 0.37 77.02 2.13 ROOM USE CROSSOVERS/ALL OTH OUTPINT 611 1,355 20,215,46 803 1,035 40,409.45 39.04 0.75 50.32 2.94 8STATE HOSPITAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	INPATIENT CROSSOVERS	15	62	11,819.7	79	190.64	.005		787.99		.86
MEDICAL SURGERY 104 113 9,550.23 82.75 008 89-91 66 PATHOLOGY 373 1,516 115,274.07 10.08 110 40.95 1.11 RADIOLOGY 380 515 29,267.68 56.83 0.37 77.02 2.13 ROOM USE CROSSOVERS/ALL OTH OUTPINT 611 1,355 20,215,46 803 1,035 40,409.45 39.04 0.75 50.32 2.94 8STATE HOSPITAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ALL OTHER INPATIENT	0	0	. (0 0	.00	.000		.00		.00
MEDICAL SURGERY 104 113 9,550.23 82.75 008 89-91 66 PATHOLOGY 373 1,516 115,274.07 10.08 110 40.95 1.11 RADIOLOGY 380 515 29,267.68 56.83 0.37 77.02 2.13 ROOM USE CROSSOVERS/ALL OTH OUTPINT 611 1,355 20,215,46 803 1,035 40,409.45 39.04 0.75 50.32 2.94 8STATE HOSPITAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	COMM HOSP OUTPATIENT TOTAL	1,313	5,546			29.41	.403				11.86
SURGERY PATHOLOGY 373 1,516 15,274,07 10,08 11,0 40,95 1,11 RADIOLOGY 380 515 29,267,68 56,83 0,37 77,02 2,13 ROOM USE 803 1,035 40,409,45 39,04 075 55,32 2,94 CROSSOVERS/ALL OTH OUTPTNT 611 1,355 20,215,46 14,92 0,99 33.09 1,47 805HIZH DASPITAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	MEDICAL	730	1.012								
PATHOLOGY											
RADIOLOGY 380 5.15 29,267.68 56.83 .037 77.02 2.13 ROOM USE 803 1,035 40,409.45 39.04 .075 50.32 2.94 CROSSOVERS/ALL OTH OUTPITY 611 1,355 20,215.46 14.92 .099 33.09 1.47 CROSSOVERS/ALL OTH OUTPITY 611 1,355 20,215.46 14.92 .099 33.09 1.47 CROSSOVERS/ALL OTH OUTPITY 611 1,355 20,215.46 14.92 .099 33.09 1.47 CROSSOVERS/ALL OTH OUTPITY 611 1,355 20,215.46 14.92 .099 33.09 1.47 CROSSOVERS/ALL OTH OUTPITY 611 1,355 20,215.46 14.92 .099 33.09 1.47 CROSSOVERS/ALL OTH OUTPITY 611 1,355 20,215.46 14.92 .099 33.09 1.47 CROSSOVERS/ALL OTH OUTPITY 611 1.355 20,215.46 14.92 .099 33.09 1.47 CROSSOVERS/ALL OTH OUTPITY 611 1.355 20,215.46 14.92 .099 33.09 1.47 CROSSOVERS/ALL OTH OUTPITY 611 1.455 20,215.46 14.92 .099 33.09 1.47 CROSSOVERS/ALL OTH OUTPITY 611 1.455 20,215 20,215.46 14.92 .099 33.09 1.47 CROSSOVERS/ALL OTH OUTPITY 611 1.355 20,215.46 14.92 .099 33.09 1.47 CROSSOVERS/ALL OTH OUTPITY 611 1.355 20,215.46 14.92 .099 33.09 1.47 CROSSOVERS/ALL OTH OUTPITY 611 1.455 20,215 20,215.46 14.92 .099 33.09 1.47 CROSSOVERS/ALL OTH OUTPITY 611 1.455 20,215 20											
ROOM USE											
CROSSOVERS/ALL OTH OUTPTNT 611 1,355 20,215.46 14.92 0.99 33.09 1.47 @STATE ROSPITAL 0 0 0 \$.00 \$.											
### SPITALE HOSPITAL 0 0 0 \$.00 \$.00 .00 .00 .00 .00 .00 .											
MENTALLY ILL								4		4	
DEVELOP DISABLED		· ·	- 1					Ş		Þ	
### STATEMENT 429 13,303 \$ 2,124,883.95 \$ 159.73 967 \$ 495.311 \$ 154.54 LEV A-INTERMEDIATE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		_									
LEV A-INTERMEDIATE Color			-								
LEV B-REHAB MD				, ,				\$		\$	
LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0		0	_								
LEV B-SUBACUTE HSPTL BASED 0 0 0 0 00 00 00 00 00 00 00 00 00 00	LEV B-REHAB MD	0	_								
LEV B-TRANSITIONAL IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LEV B-SUBACUTE FREESTANDING	0	_	. (0 0	.00	.000		.00		.00
LEV B-REGULAR 429 13,303 2,124,883.95 159.73 .967 4953.11 154.54 @INTERMEDIATE CARE FACILDD 0 0 0 \$.00 \$.00 .000 \$.	LEV B-SUBACUTE HSPTL BASED	0	0	. (00	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC 2,978 4,827 \$ 482,613.82 \$ 99.98 .351 \$ 162.06 \$ 35.10 CLINIC 38 119 3,282.54 27.58 .009 86.38 .24 SURGICENTER 44 185 7,021.70 37.96 .013 159.58 .51 HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00 .00 RURAL HEALTH CLINIC 2,917 4,523 472,309.58 104.42 .329 161.92 34.35 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,892 MOP024 FEE-FOR-SERVICE/DENTAL	LEV B-TRANSITIONAL IP CARE	0	0	. (0 0	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC 2,978 4,827 \$ 482,613.82 \$ 99.98 .351 \$ 162.06 \$ 35.10 CLINIC 38 119 3,282.54 27.58 .009 86.38 .24 SURGICENTER 44 185 7,021.70 37.96 .013 159.58 .51 HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00 .00 RURAL HEALTH CLINIC 2,917 4,523 472,309.58 104.42 .329 161.92 34.35 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,892 MOP024 FEE-FOR-SERVICE/DENTAL	LEV B-REGULAR	429	13,303	2,124,883.9	95	159.73	.967		4953.11		154.54
@ORGANIZED OUTPATIENT CLINIC 2,978 4,827 \$ 482,613.82 \$ 99.98 .351 \$ 162.06 \$ 35.10 CLINIC 38 119 3,282.54 27.58 .009 86.38 .24 SURGICENTER 44 185 7,021.70 37.96 .013 159.58 .51 HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00 .00 RURAL HEALTH CLINIC 2,917 4,523 472,309.58 104.42 .329 161.92 34.35 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,892 MOP024 FEE-FOR-SERVICE/DENTAL	@INTERMEDIATE CARE FACILDD	0	0 \$		00 \$.00		\$.00	\$.00
@ORGANIZED OUTPATIENT CLINIC 2,978 4,827 \$ 482,613.82 \$ 99.98 .351 \$ 162.06 \$ 35.10 CLINIC 38 119 3,282.54 27.58 .009 86.38 .24 SURGICENTER 44 185 7,021.70 37.96 .013 159.58 .51 HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00 .00 RURAL HEALTH CLINIC 2,917 4,523 472,309.58 104.42 .329 161.92 34.35 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,892 MOP024 FEE-FOR-SERVICE/DENTAL	ICF DDH	0	0			.00					
@ORGANIZED OUTPATIENT CLINIC 2,978 4,827 \$ 482,613.82 \$ 99.98 .351 \$ 162.06 \$ 35.10 CLINIC 38 119 3,282.54 27.58 .009 86.38 .24 SURGICENTER 44 185 7,021.70 37.96 .013 159.58 .51 HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00 .00 RURAL HEALTH CLINIC 2,917 4,523 472,309.58 104.42 .329 161.92 34.35 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,892 MOP024 FEE-FOR-SERVICE/DENTAL	ICF DD	0	0								
@ORGANIZED OUTPATIENT CLINIC 2,978 4,827 \$ 482,613.82 \$ 99.98 .351 \$ 162.06 \$ 35.10 CLINIC 38 119 3,282.54 27.58 .009 86.38 .24 SURGICENTER 44 185 7,021.70 37.96 .013 159.58 .51 HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00 .00 RURAL HEALTH CLINIC 2,917 4,523 472,309.58 104.42 .329 161.92 34.35 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,892 MOP024 FEE-FOR-SERVICE/DENTAL	TCF DDN/DDCN	0	0								
@ORGANIZED OUTPATIENT CLINIC 2,978 4,827 \$ 482,613.82 \$ 99.98 .351 \$ 162.06 \$ 35.10 CLINIC 38 119 3,282.54 27.58 .009 86.38 .24 SURGICENTER 44 185 7,021.70 37.96 .013 159.58 .51 HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00 .00 RURAL HEALTH CLINIC 2,917 4,523 472,309.58 104.42 .329 161.92 34.35 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,892 MOP024 FEE-FOR-SERVICE/DENTAL	@HEMODIALVSIS TOTAL	1	1 4					Ś		Ś	
@ORGANIZED OUTPATIENT CLINIC 2,978 4,827 \$ 482,613.82 \$ 99.98 .351 \$ 162.06 \$ 35.10 CLINIC 38 119 3,282.54 27.58 .009 86.38 .24 SURGICENTER 44 185 7,021.70 37.96 .013 159.58 .51 HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00 .00 RURAL HEALTH CLINIC 2,917 4,523 472,309.58 104.42 .329 161.92 34.35 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,892 MOP024 FEE-FOR-SERVICE/DENTAL	UOCDITAI DACED	0	0		•			٧		Y	
@ORGANIZED OUTPATIENT CLINIC 2,978 4,827 \$ 482,613.82 \$ 99.98 .351 \$ 162.06 \$ 35.10 CLINIC 38 119 3,282.54 27.58 .009 86.38 .24 SURGICENTER 44 185 7,021.70 37.96 .013 159.58 .51 HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00 .00 RURAL HEALTH CLINIC 2,917 4,523 472,309.58 104.42 .329 161.92 34.35 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,892 MOP024 FEE-FOR-SERVICE/DENTAL	TEMODIAL ACTO CEMAED	1	1								
@ORGANIZED OUTPATIENT CLINIC 2,978 4,827 \$ 482,613.82 \$ 99.98 .351 \$ 162.06 \$ 35.10 CLINIC 38 119 3,282.54 27.58 .009 86.38 .24 SURGICENTER 44 185 7,021.70 37.96 .013 159.58 .51 HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00 .00 RURAL HEALTH CLINIC 2,917 4,523 472,309.58 104.42 .329 161.92 34.35 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,892 MOP024 FEE-FOR-SERVICE/DENTAL	ODELLA DILITERATIONI ENGLI TEV	<u> </u>						بع		4	
@ORGANIZED OUTPATIENT CLINIC 2,978 4,827 \$ 482,613.82 \$ 99.98 .351 \$ 162.06 \$ 35.10 CLINIC 38 119 3,282.54 27.58 .009 86.38 .24 SURGICENTER 44 185 7,021.70 37.96 .013 159.58 .51 HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00 .00 RURAL HEALTH CLINIC 2,917 4,523 472,309.58 104.42 .329 161.92 34.35 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,892 MOP024 FEE-FOR-SERVICE/DENTAL	WREHABILITATION FACILITY	7	30 Ş					Ą		Ą	
@ORGANIZED OUTPATIENT CLINIC 2,978 4,827 \$ 482,613.82 \$ 99.98 .351 \$ 162.06 \$ 35.10 CLINIC 38 119 3,282.54 27.58 .009 86.38 .24 SURGICENTER 44 185 7,021.70 37.96 .013 159.58 .51 HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00 .00 RURAL HEALTH CLINIC 2,917 4,523 472,309.58 104.42 .329 161.92 34.35 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,892 MOP024 FEE-FOR-SERVICE/DENTAL	HOSPIIAL BASED	7	36	•							
@ORGANIZED OUTPATIENT CLINIC 2,978 4,827 \$ 482,613.82 \$ 99.98 .351 \$ 162.06 \$ 35.10 CLINIC 38 119 3,282.54 27.58 .009 86.38 .24 SURGICENTER 44 185 7,021.70 37.96 .013 159.58 .51 HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00 .00 RURAL HEALTH CLINIC 2,917 4,523 472,309.58 104.42 .329 161.92 34.35 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,892 MOP024 FEE-FOR-SERVICE/DENTAL	INDEPENDENT FACILITY	106	1 1 4 5						.00		
@ORGANIZED OUTPATIENT CLINIC 2,978 4,827 \$ 482,613.82 \$ 99.98 .351 \$ 162.06 \$ 35.10 CLINIC 38 119 3,282.54 27.58 .009 86.38 .24 SURGICENTER 44 185 7,021.70 37.96 .013 159.58 .51 HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00 .00 RURAL HEALTH CLINIC 2,917 4,523 472,309.58 104.42 .329 161.92 34.35 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,892 MOP024 FEE-FOR-SERVICE/DENTAL	@LABORATORY FACILITY	406	1,145	•				Ş		Ş	
@ORGANIZED OUTPATIENT CLINIC 2,978 4,827 \$ 482,613.82 \$ 99.98 .351 \$ 162.06 \$ 35.10 CLINIC 38 119 3,282.54 27.58 .009 86.38 .24 SURGICENTER 44 185 7,021.70 37.96 .013 159.58 .51 HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00 .00 RURAL HEALTH CLINIC 2,917 4,523 472,309.58 104.42 .329 161.92 34.35 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,892 MOP024 FEE-FOR-SERVICE/DENTAL	PATHOLOGY	396	1,125								
@ORGANIZED OUTPATIENT CLINIC 2,978 4,827 \$ 482,613.82 \$ 99.98 .351 \$ 162.06 \$ 35.10 CLINIC 38 119 3,282.54 27.58 .009 86.38 .24 SURGICENTER 44 185 7,021.70 37.96 .013 159.58 .51 HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00 .00 RURAL HEALTH CLINIC 2,917 4,523 472,309.58 104.42 .329 161.92 34.35 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,892 MOP024 FEE-FOR-SERVICE/DENTAL	XO AND OTHERS	11	20								
SURGICENTER 44 185 7,021.70 37.96 .013 159.58 .51 HEROIN DETOX CLINIC 0 0 .00	@ORGANIZED OUTPATIENT CLINIC	2,978	4,827 \$					\$		\$	
HEROIN DETOX CLINIC 0 0 .00	CLINIC	38									
RURAL HEALTH CLINIC 2,917 4,523 472,309.58 104.42 .329 161.92 34.35 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,892 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04			185	7,021.7	70				159.58		
RURAL HEALTH CLINIC 2,917 4,523 472,309.58 104.42 .329 161.92 34.35 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,892 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04	HEROIN DETOX CLINIC		0	.0	0 0	.00			.00		.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,892 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04		2,917	4,523	472,309.5	58		.329		161.92		34.35
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04						FOR JAN		DEC	2003	Ρ	AGE 6,892
								_			
	MARIPOSA COUNTY			NEEDY - TOTAL							

----- MONTHLY AVERAGE -----13,750 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

	OR	DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	932	42,398	\$	119,797.59	\$	2.83	3.083	\$ 128.54	! \$	8.71
DURABLE MED. EQUIP.	29	144		22,287.90		154.78	.010	768.55	5	1.62
BLOOD BANK	0	0		.00		.00	.000	.00)	.00
HEARING AID DISPENSERS	16	29		8,911.20		307.28	.002	556.95	5	.65
MEDICAL TRANSPORTATION	156	3,730		41,947.05		11.25	.271	268.89)	3.05
AMBULANCES/AIR TRANS	123	2,940		28,758.70		9.78	.214	233.83	_	2.09
OTHER TRANS	26	521		1,789.92		3.44	.038	68.84	Į.	.13
OTHER SERVICES	16	269		11,398.43		42.37	.020	712.40)	.83
ACUPUNCTURE	0	0		.00		.00	.000	.00)	.00
ADULT DAY HEALTH CARE CTR	2	4		284.57		71.14	.000	142.29)	.02
GENETIC DISEASE TESTING	15	15		1,451.00		96.73	.001	96.73	3	.11
IHMC, MODEL-NF, NF, AIDS, MSSP	3	8		836.00		104.50	.001	278.67	7	.06
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00)	.00
OPTICIAN	156	385		5,170.62		13.43	.028	33.15	5	.38
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00)	.00
PORTABLE X-RAY	4	13		71.00		5.46	.001	17.75	5	.01
PROSTHETIST/ORTHOTISTS	17	26		1,044.30		40.17	.002	61.43	3	.08
PROSTHETICS	9	16		646.92		40.43	.001	71.88	3	.05
ORTHOTICS	8	10		397.38		39.74	.001	49.6	7	.03
PSYCHOLOGIST	0	0		.00		.00	.000	.00)	.00
SPEECH AND AUDIOLOGY	4	11		478.68		43.52	.001	119.6	7	.03
HOSPICE SERVICES	0	0		.00		.00	.000	.00)	.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00)	.00
LOCAL EDUCATION AGENCIES	326	3,602		19,856.75		5.51	.262	60.92	_	1.44
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00)	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00)	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00)	.00
ALL OTHER PROVIDERS	232	34,431		17,458.52		.51	2.504	75.25	5	1.27
@CALIF. CHILDREN SERVICES*	48	222	\$	111,065.75	\$	500.30	.016	\$ 2313.87	7 \$	8.08
@XOVER EXCLUDING STATE HOSP**	555	2,840	\$	63,499.75	\$	22.36	.207	\$ 114.43	. \$	4.62

OD D3446 OF G3DE

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,893 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MARIPOSA COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

----- MONTHLY AVERAGE -----COST PER 613 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 275 1,116 68,372.71 \$ 61.27 1.821 \$ 248.63 \$ 111.54 51 @PHYSICIANS SERVICES 114 5,472.57 48.01 .186 \$ 107.31 \$ 8.93 OUTPATIENT VISITS 27 34 1,868.81 54.97 .055 69.22 3.05 OFFICE VISITS 17 19 884.42 46.55 52.02 1.44 .031 .00 HOME VISITS 0 0 .00 .00 .000 .00 5 313.76 62.75 .008 62.75 .51 EMERGENCY ROOM Ω .00 .00 .000 .00 .00 PREVENTIVE CARE 10 670.63 67.06 OB VISITS/COMPRE PERI .016 111.77 1.09 .00 .00 .00 OTHER OUTPATIENT 0 .000 .00 INPATIENT VISITS 3 113.35 37.78 .005 56.68 .18 HOSPITAL VISITS 113.35 37.78 .005 56.68 .18 .00 .00 .00 CRITICAL CARE .000 .00 SNF/ICF/TRANS IP CARE 0 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES 0 .00 .00 .000 .00 .00 **EXAMINATIONS** 0 .00 .00 .000 .00 .00 0 .000 .00 SERVICES AND MATERIALS .00 .00 .00 INPATIENT HOSPITAL SURGERY 20 1,582.24 79.11 .033 395.56 2.58 2 PRINCIPAL SURGEON 1,089.00 544.50 .003 544.50 1.78 1 186.50 186.50 .002 186.50 ASSISTANT SURGEON .30 ANESTHESIOLOGIST 17 306.74 18.04 .028 153.37 .50

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

OUTPATIENT SURGERY	4	12	775.35	64.61	.020	193.84		1.26
PRINCIPAL SURGEON	2	3	504.59	168.20	.005	252.30		.82
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	3	9	270.76	30.08	.015	90.25		.44
DIALYSIS	0	0	.00	.00	.000	.00		.00
PATHOLOGY	6	11	102.85	9.35	.018	17.14		.17
RADIOLOGY	18	21	316.38	15.07	.034	17.58		.52
PSYCHIATRY	0	0	.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	2	3	76.50	25.50	.005	38.25		.12
OTHER SERVICES/ALL X-OVERS	5	10	637.09	63.71	.016	127.42		1.04
@PHARMACY	145	348 \$	22,230.48	\$ 63.88	.568 \$	153.31	\$	36.27
PRESCRIPTION DRUGS	145	348	22,230.48	63.88	.568	153.31		36.27
SNF/ICF	0	0	.00	.00	.000	.00		.00
OUTPATIENTS	145	348	22,230.48	63.88	.568	153.31		36.27
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00		.00
@DENTIST	33	194 \$	5,581.09	\$ 28.77	.316 \$	169.12	\$	9.10
VISITS - DIAGNOSTIC	23	132	1,991.00	15.08	.215	86.57		3.25
ORAL SURGERY	5	9	718.00	79.78	.015	143.60		1.17
DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	1	1	100.00	100.00	.002	100.00		.16
PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	3	6	615.00	102.50	.010	205.00		1.00
RESTORATIVE DENTISTRY	13	41	1,911.00	46.61	.067	147.00		3.12
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	1	1	120.00	120.00	.002	120.00		.20
MAXILLOFACIAL SERVICES	1	1	126.09	126.09	.002	126.09		.21
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	4	3	.00	.00	.005	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2003 THRU DEC	2003	PAG	E 6,894
MOP024	FEE-FOR-SERVICE/DENTA	Ĺ						01/29/04
				4 4 0				

COST PER ELIGIBLE \$.32 .08 .12
\$.32 .08 .12
.08
.12
.13
\$.00
.00
.00
\$.00
.00
.00
.00
.00
\$.00
\$.00
\$.00
\$.00
\$.00
\$ 26.18
19.12
13.67
5.45
3.34
.00
.00

SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

----- MONTHLY AVERAGE -----

MARIPOSA COUNTY

ALL OTHER ACCOM	1	4	2,046.98	511.75	.007	2046.98	3.34
ANCILLARIES	1	0	1,292.07	.00	.000	1292.07	2.11
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	41	140	4,331.53	30.94	.228	105.65	7.07
MEDICAL	18	19	941.29	49.54	.031	52.29	1.54
SURGERY	7	7	638.38	91.20	.011	91.20	1.04
PATHOLOGY	14	52	587.03	11.29	.085	41.93	.96
RADIOLOGY	10	10	591.72	59.17	.016	59.17	.97
ROOM USE	24	29	1,307.92	45.10	.047	54.50	2.13
CROSSOVERS/ALL OTH OUTPINT	15	23	265.19	11.53	.038	17.68	.43
@COUNTY HOSPITAL TOTAL	3	6	\$ 148.18	\$ 24.70	.010	\$ 49.39	\$.24
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00 ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 INPATIENT CROSSOVERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 CO HOSP OUTPATIENT TOTAL 3 6 148.18 24.70 .01 49.39 .24 MEDICAL 3 6 148.18 24.70 .01 49.39 .24 MEDICAL 0 0 0 .00 .00 .00 .00 .00 .00 SURGERY 1 1 1 1 25.07 25.07 .002 25.07 .04 PATHOLOGY 1 1 1 1 4.53 4.53 .002 4.53 .01 RADIOLOGY 0 0 0 0 0 0.00 .00 .00 ROOM USE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
TRANSITIONAL IP CARE 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0
TRANSITIONAL IP CARE 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER ACCOM 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
ANCILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0
INPATIENT CROSSOVERS 0
CO HOSP OUTPATIENT TOTAL 3 6 148.18 24.70 .010 49.39 .24 MEDICAL 0 0 0 .00 .00 .00 .000 .00 .00 SURGERY 1 1 1 25.07 25.07 .002 25.07 .04 PATHOLOGY 1 1 4.53 4.53 .002 4.53 .01 RADIOLOGY 0 0 0 .00 .00 .00 .00 .00 ROOM USE 3 3 3 115.48 38.49 .005 38.49 .19 CROSSOVERS/ALL OTH OUTPINT 1 1 3.10 3.10 .002 3.10 .01 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,895 MOPO24 MARIPOSA COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W MONTHLY AVERAGE 613 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER
MEDICAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
SURGERY 1 1 1 25.07 25.07 .002 25.07 .04 PATHOLOGY 1 1 4.53 4.53 .002 4.53 .01 RADIOLOGY 0 0 0 .00 .00 .00 .00 .00 .00 ROOM USE 3 3 3 115.48 38.49 .005 38.49 .19 CROSSOVERS/ALL OTH OUTPTNT 1 1 3.10 3.10 .002 3.10 .01 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,895 MOPO 24 FEE-FOR-SERVICE/DENTAL MARIPOSA COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W MONTHLY AVERAGE 613 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER
PATHOLOGY 1 1 1 4.53 4.53 .002 4.53 .01 RADIOLOGY 0 0 0 .00 .00 .00 .00 .00 ROOM USE 3 3 3 115.48 38.49 .005 38.49 .19 CROSSOVERS/ALL OTH OUTPTNT 1 1 3.10 3.10 .002 3.10 .01 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,895 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MARIPOSA COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W MONTHLY AVERAGE 613 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER
RADIOLOGY 0 0 0.00 .00 .00 .00 .00 .00 .00 .00 ROOM USE 3 3 3 115.48 38.49 .005 38.49 .19 CROSSOVERS/ALL OTH OUTPINT 1 1 3.10 3.10 .002 3.10 .01 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,895 MOP024 FEE-FOR-SERVICE/DENTAL
ROOM USE 3 3 115.48 38.49 .005 38.49 .19 CROSSOVERS/ALL OTH OUTPTNT 1 1 3.10 3.10 .002 3.10 .01 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,895 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MARIPOSA COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W MONTHLY AVERAGE 613 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER
CROSSOVERS/ALL OTH OUTPTNT 1 1 3.10 3.10 .002 3.10 .01 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,895 MOP024 FEE-FOR-SERVICE/DENTAL MARIPOSA COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W MONTHLY AVERAGE 613 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,895 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MARIPOSA COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W MONTHLY AVERAGE 613 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MARIPOSA COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W MONTHLY AVERAGE 613 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER
MARIPOSA COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W MONTHLY AVERAGE 613 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER
MONTHLY AVERAGE 613 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER
613 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER
@COMMUNITY HOSPITAL TOTAL 42 146 \$ 15,901.43 \$ 108.91 .238 \$ 378.61 \$ 25.94
COMM HOSP INPATIENT TOTAL 5 12 11,718.08 976.51 .020 2343.62 19.12
HSC HOSPITALS 4 8 8,379.03 1047.38 .013 2094.76 13.67
NON-HSC HOSPITALS TOTAL 1 4 3,339.05 834.76 .007 3339.05 5.45
ACCOMMODATIONS 1 4 2,046.98 511.75 .007 2046.98 3.34
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 .00
ALL OTHER ACCOM 1 4 2,046.98 511.75 .007 2046.98 3.34 ANCILLARIES 1 0 1,292.07 .00 .000 1292.07 2.11
ANCILLARIES 1 0 1,292.07 .00 .000 1292.07 2.11 INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0
COMM HOSP OUTPATIENT TOTAL 38 134 4.183.35 31.22 .219 110.09 6.82

COMM HOSP INPATIENT TOTAL	5	12	т	11,718.08	976	5.51 .	020	4	2343.62	-	19.12
HSC HOSPITALS	4	8		8,379.03	104		013		2094.76		13.67
NON-HSC HOSPITALS TOTAL	1	4		3,339.05			007		3339.05		5.45
ACCOMMODATIONS	1	4		2,046.98			007		2046.98		3.34
ADMINISTRATIVE DAYS	0	0		.00			000		.00		.00
TRANSITIONAL IP CARE	0	0		.00			000		.00		.00
ALL OTHER ACCOM	1	4		2,046.98			007		2046.98		3.34
ANCILLARIES	1	0		1,292.07		.00 .	000		1292.07		2.11
INPATIENT CROSSOVERS	0	0		.00		.00 .	000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00 .	000		.00		.00
COMM HOSP OUTPATIENT TOTAL	38	134		4,183.35	31	1.22 .	219		110.09		6.82
MEDICAL	18	19		941.29	4.9	9.54 .	031		52.29		1.54
SURGERY	6	6		613.31	102	2.22 .	010		102.22		1.00
PATHOLOGY	13	51		582.50	1:	1.42 .	083		44.81		.95
RADIOLOGY	10	10		591.72	5.5	9.17 .	016		59.17		.97
ROOM USE	21	26		1,192.44	4 !	5.86 .	042		56.78		1.95
CROSSOVERS/ALL OTH OUTPTNT	14	22		262.09	1:	1.91 .	036		18.72		.43
@STATE HOSPITAL	0	0	\$.00	\$.00 .	000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00 .	000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00 .	000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00 .	000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00 .	000		.00		.00
LEV B-REHAB MD	0	0		.00		.00 .	000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00 .	000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00 .	000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00			000		.00		.00
LEV B-REGULAR	0	0		.00			000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$		000	\$.00	\$.00
ICF DDH	0	0		.00			000		.00		.00
ICF DD	0	0		.00			000		.00		.00
ICF DDN/DDCN	0	0		.00			000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$		000	\$.00	\$.00
HOSPITAL BASED	0	0		.00			000		.00		.00
HEMODIALYSIS CENTER	0	0		.00			000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$		000	\$.00	\$.00
HOSPITAL BASED	0	0		.00			000		.00		.00
INDEPENDENT FACILITY	0	0		.00			000		.00		.00
@LABORATORY FACILITY	13	38	\$	464.00			062	\$	35.69	\$.76
PATHOLOGY	13	38		464.00	1:		062		35.69		.76
XO AND OTHERS	0	0		.00		.00 .	000		.00		.00

@ORGANIZED OUTPATIENT CLINIC	90	140 \$	14,293.34	\$ 102.10	.228 \$	158.81	\$ 23.32
CLINIC	4	9	102.05	11.34	.015	25.51	.17
SURGICENTER	2	7	248.21	35.46	.011	124.11	.40
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	86	124	13,943.08	112.44	.202	162.13	22.75
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN 200	3 THRU DEC	2003	PAGE 6,896
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES F	OR MIC - NO	SOC 03 04 2A 45 4A 4	4K 4M 5K 7T 82 8E	8W		

----- MONTHLY AVERAGE -----613 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 121 \$ 4,083.86 \$ 33.75 .197 \$ 204.19 \$ 6.66 @ALL OTHER PROVIDERS 20 DURABLE MED. EQUIP. 0 0 .00 BLOOD BANK () 0 .00 0 9 9 0 HEARING AID DISPENSERS .00 91 90 MEDICAL TRANSPORTATION 6.06 AMBULANCES/AIR TRANS 3.12 0 OTHER TRANS .00 1 OTHER SERVICES 2.94 ACUPUNCTURE .00 ADULT DAY HEALTH CARE CTR 0 .00 GENETIC DISEASE TESTING 1 1 .17 0 .00 Ο IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST Ο .00 OPTICIAN .08 PHYSICAL THERAPIST .00 PORTABLE X-RAY .00 PROSTHETIST/ORTHOTISTS .00 PROSTHETICS .00 ORTHOTICS .00 PSYCHOLOGIST 0 .00 SPEECH AND AUDIOLOGY 0 0 .00 Ο HOSPICE SERVICES .00 NONINST BIRTHING CENTERS . 00 LOCAL EDUCATION AGENCIES .35 0 EPSDT SUPPLEMENTAL SERVICE .00 0 .00 RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING .00 ALL OTHER PROVIDERS .00 .00 \$ @CALIF. CHILDREN SERVICES* .00 @XOVER EXCLUDING STATE HOSP** 0 .00 \$.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,897 MOP024 01/29/04 FEE-FOR-SERVICE/DENTAL MARIPOSA COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

					MON	THLY AVERAG	BE
04 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	10	134	\$ 7,777.72	\$ 58.04	33.500 \$	777.77	\$ 1944.43
@PHYSICIANS SERVICES	5	42	\$ 944.27	\$ 22.48	10.500 \$	188.85	\$ 236.07
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	4	183.10	45.78	1.000	91.55	45.78

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES		0		.00		.00	.000	.00		.00
EXAMINATIONS	0	0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGER	RY 2	13		344.15		26.47	3.250	172.08		86.04
PRINCIPAL SURGEON	1	1		184.16		184.16	.250	184.16		46.04
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	1	12		159.99		13.33	3.000	159.99		40.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00		.00
	0	0		.00						
PRINCIPAL SURGEON	0	0				.00	.000	.00		.00
ASSISTANT SURGEON	U	U		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	1	12		19.37		1.61	3.000	19.37		4.84
RADIOLOGY	2	12		360.05		30.00	3.000	180.03		90.01
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	ON 0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVER	RS 1	1		37.60		37.60	.250	37.60		9.40
@PHARMACY	1		\$.00	\$.00	.500	\$.00	\$.00
PRESCRIPTION DRUGS	1	2	•	.00		.00	.500	.00		.00
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	1	2		.00		.00	.500	.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00		.00
	0		۲.	188.84	بخ	8.21			بن	47.21
@DENTIST	4		\$		\$				Ą	
VISITS - DIAGNOSTIC	3	21		46.84		2.23	5.250	15.61		11.71
ORAL SURGERY	U	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	1	2		142.00		71.00	.500	142.00		35.50
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	ŭ	CES AND EXPENDITURE	ים זא		יםטחשי				т	PAGE 6,898
			ויו כיו	IONIH-OF-PAIMENI R	LEPUR.	I FOR UAN 2	ZUUS IRKU D	EC 2003	-	01/29/04
MOP024	FEE-FOR-SERVICE		. ~			3.TD G0DE	0.2			01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	/ICES FOR MIC - SO)C			AID CODE			~-	
								NTHLY AVERA	GE	
04 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS			COST PER
		OR DAYS OF CARE				R UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000		\$.00
DIAGNOSTIC AND ANC. PROCI	ED 0	0		.00		.00	.000	.00		.00
EYE APPLIANCES	0	0		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	5 0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	•	.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0		\$.00	\$.00		\$.00	\$.00
MEDICINE/INJECTIONS	0	0	~	.00	Ÿ	.00	.000	.00	Y	.00
		•								
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00		\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

HOSPITAL VISITS

SNF/ICF/TRANS IP CARE

CRITICAL CARE

2

0

4 0 0

183.10

.00

.00

45.78

.00

1.000

.000

.000

91.55

.00

.00

45.78

.00

					4.					4.	
NURSE MIDWIFE	0	0	\$ \$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	5	\$	3,473.00	\$	694.60	1.250	\$	1157.67	\$	868.25
HOSP INPATIENT TOTAL	3	5		3,473.00		694.60	1.250		1157.67		868.25
HSC HOSPITALS	3	5		3,473.00		694.60	1.250		1157.67		868.25
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
	0	0									
ADMINISTRATIVE DAYS	U	U		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
	0	0									
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	U	U		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
-	0	0									
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	Ü	Ü		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
		S AND EXPENDITURE	ec Mo		ם ח			שב		ח	
			rs MO	MIH-OF-PAIMENT RE	EPURI	. FOR JAN	2003 IRRU I	ノむし	2003	PI	AGE 6,899 01/29/04
MOP024	FEE-FOR-SERVICE,					3.TD G0DE	0.2				01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV.	ICES FOR MIC - SC)C			AID CODE					
							MC				
04 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	5			COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	5	\$	3,473.00	\$	694.60	1.250	\$	1157.67	\$	868.25
COMM HOSP INPATIENT TOTAL	3	5		3,473.00		694.60	1.250		1157.67		868.25
HSC HOSPITALS	3	5		3,473.00		694.60	1.250		1157.67		868.25
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	Õ	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00			.000		.00		
-	-					.00					.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	Ü		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
	ŭ	· ·		.00			.000				

RADIOLOGY	0	0	.00	.00	.000	. (0	.00
ROOM USE	0	0	.00	.00	.000		0	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	. (0	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.0	00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	. (0	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	. (0	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.0	00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	. (0	.00
LEV B-REHAB MD	0	0	.00	.00	.000	. (0	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	. (0	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	. (0	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	. (0	.00
LEV B-REGULAR	0	0	.00	.00	.000	. (0	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.0	00 \$.00
ICF DDH	0	0	.00	.00	.000	. (0	.00
ICF DD	0	0	.00	.00	.000	. (0 (.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000		Ś	.00
HOSPITAL BASED	0	0	т	.00	т	.00	.000	.00	τ	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000		Ś	.00
HOSPITAL BASED	0	0	Ų	.00	Y	.00	.000	.00	Ÿ	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000		ė	.00
PATHOLOGY	0	0	Ą	.00	Ą	.00	.000	.00	Ą	.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
	0	0	4		4	69.27			4	34.63
@ORGANIZED OUTPATIENT CLINIC	2	2	Þ	138.53	Þ		.500		Ş	
CLINIC	0	U		.00		.00	.000	.00		.00
SURGICENTER	Ü	U		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	2	2		138.53		69.27	.500	69.27		34.63
#CALIF DEPT OF HEALTH SERV			JRES N	MONTH-OF-PAYMENT R	REPORT	r for Jan 2	2003 THRU DI	C 2003	PA	GE 6,900
MOP024	FEE-FOR-SERVICE									01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR MIC -	SOC			AID CODE				
							MOI			
04 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAYS		_	OST PER
		OR DAYS OF CAR				R UNIT/DAY		USER		LIGIBLE
@ALL OTHER PROVIDERS	2	60	\$	3,033.08	\$	50.55		1516.54	\$	758.27
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	2	60		3,033.08		50.55	15.000	1516.54		758.27
AMBULANCES/AIR TRANS	2	59		1,233.08		20.90	14.750	616.54		308.27
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	1	1		1,800.00		1800.00	.250	1800.00		450.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	0	0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0								
HOSPICE SERVICES	0	U		.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	Ü	U		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000			.00
@XOVER EXCLUDING STATE HOSP**		0	\$.00	\$.00	.000	.00	\$.00
@* TOTALS IN THESE LINES ARE										
THE AMOUNTS ARE ALREADY IN										
** THESE DATA ARE INCLUDED I	N THE APPROPRIAT	E DETAIL LINES A	ABOVE .	•						
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	JRES N	MONTH-OF-PAYMENT R	REPORT	r for jan 2	2003 THRU DE	C 2003	PA	GE 6,901
MOP024	FEE-FOR-SERVICE	/DENTAL								01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR MEDICA	ALLY I	INDIGENT - CHILDRE	EN - 7	TOTAL				
							MON	ממשעע עדעדע	CE.	

617 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE

618 ELIGIBLES SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE

@TOTAL, ALL PROVIDERS	285	1,250 \$	5	76,150.43	\$	60.92	2.026	\$	267.19	\$	123.42
@PHYSICIANS SERVICES	56	156 \$	5	6,416.84	\$	41.13	.253	\$	114.59	\$	10.40
OUTPATIENT VISITS	27	34		1,868.81	•	54.97	.055		69.22	•	3.03
OFFICE VISITS	17	19		884.42		46.55	.031		52.02		1.43
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	5	5		313.76		62.75	.008		62.75		.51
	0	0									
PREVENTIVE CARE	0			.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	6	10		670.63		67.06	.016		111.77		1.09
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	4	7		296.45		42.35	.011		74.11		.48
HOSPITAL VISITS	4	7		296.45		42.35	.011		74.11		.48
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	O O	0		.00		.00	.000		.00		.00
	6	33		1,926.39		58.38	.053		321.07		3.12
INPATIENT HOSPITAL SURGERY	0										
PRINCIPAL SURGEON	3	3		1,273.16		424.39	.005		424.39		2.06
ASSISTANT SURGEON	1	1		186.50		186.50	.002		186.50		.30
ANESTHESIOLOGIST	3	29		466.73		16.09	.047		155.58		.76
OUTPATIENT SURGERY	4	12		775.35		64.61	.019		193.84		1.26
PRINCIPAL SURGEON	2	3		504.59		168.20	.005		252.30		.82
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	3	9		270.76		30.08	.015		90.25		.44
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	7	23		122.22		5.31	.037		17.46		.20
RADIOLOGY	20	33		676.43		20.50	.053		33.82		1.10
PSYCHIATRY	0	0									
	-			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	3		76.50		25.50	.005		38.25		.12
OTHER SERVICES/ALL X-OVERS	6	11		674.69		61.34	.018		112.45		1.09
@PHARMACY	146	350 \$	5	22,230.48	\$	63.52	.567	\$	152.26	\$	36.03
PRESCRIPTION DRUGS	146	350		22,230.48		63.52	.567		152.26		36.03
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	146	350		22,230.48		63.52	.567		152.26		36.03
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	37	217 \$	5	5,769.93	\$	26.59		\$	155.94	Ġ	9.35
VISITS - DIAGNOSTIC	26	153		2,037.84	-	13.32	.248	т	78.38	-	3.30
ORAL SURGERY	5	9		718.00		79.78	.015		143.60		1.16
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00		100.00	.002		100.00		
	0										.16
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	4	8		757.00		94.63	.013		189.25		1.23
RESTORATIVE DENTISTRY	13	41		1,911.00		46.61	.066		147.00		3.10
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	1	1		120.00		120.00	.002		120.00		.19
MAXILLOFACIAL SERVICES	1	1		126.09		126.09	.002		126.09		.20
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	4	3				.00	.005		.00		.00
#CALIF DEPT OF HEALTH SERV			' MO		ם חם	T EOD TAN					AGE 6,902
			MOI	NIH-OF-PAIMENI RE	POR	I FOR UAN	2003 IRO	DEC	2003	PF	01/29/04
MOP024	FEE-FOR-SERVICE				-	попат					01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	VICES FOR MEDICALLY	TINI	DIGENT - CHILDREI	۱ –	TOTAL		O. T.		a=	
							M				
617 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							COST PER
		OR DAYS OF CARE			PΕ	R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	3	9 \$	5	197.76	\$	21.97	.015	\$	65.92	\$.32
DIAGNOSTIC AND ANC. PROCED	1	1		47.45		47.45	.002		47.45		.08
EYE APPLIANCES	2	6		70.60		11.77	.010		35.30		.11
OTHER OPTOMETRIC SERVICES	2	2		79.71		39.86	.003		39.86		.13
	=	=		=							

@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	•	.00	.000	.00		.00
OTHER SERVICES	0	0	.00		.00	.000	.00		.00
	-	_							
@PODIATRIST	0	0 \$.00	\$.00	.000 \$		\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000	.00		.00
SURGERY/ANES.	0	0	.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000	.00		.00
	0	0							
OTHER	•	0	.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	n s	.00	\$.00	.000 \$		\$.00
	0	0 \$				·			
PEDIATRIC NURSE PRACTITIONER	Ü	- 7	.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	48	157 \$	19,522.61	\$	124.35	.254 \$	406.72	\$	31.64
HOSP INPATIENT TOTAL	8	17	15,191.08	•	893.59	.028	1898.89	-	24.62
HSC HOSPITALS	7	13	11,852.03		911.69	.021	1693.15		19.21
	,								
NON-HSC HOSPITAL TOTAL	1	4	3,339.05		834.76	.006	3339.05		5.41
ACCOMMODATIONS	1	4	2,046.98		511.75	.006	2046.98		3.32
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
	1	4							
ALL OTHER ACCOM	1	4	2,046.98		511.75	.006	2046.98		3.32
ANCILLARIES	1	0	1,292.07		.00	.000	1292.07		2.09
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	41	140	4,331.53		30.94	.227	105.65		7.02
MEDICAL	18	19	941.29		49.54	.031	52.29		1.53
SURGERY	7	7	638.38		91.20	.011	91.20		1.03
PATHOLOGY	14	52	587.03		11.29	.084	41.93		.95
RADIOLOGY	10	10	591.72		59.17	.016	59.17		.96
ROOM USE	24	29	1,307.92		45.10	.047	54.50		2.12
CROSSOVERS/ALL OTH OUTPTNT	15	23	265.19		11.53	.037	17.68		.43
@COUNTY HOSPITAL TOTAL	3	6 \$	148.18	\$	24.70	.010 \$	49.39	\$.24
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000	.00		.00
HSC HOSPITALS	0	Ô	.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	Ö	.00		.00	.000	.00		.00
	U	U							
ACCOMMODATIONS	0	0	.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00		.00
	0	0	.00		.00	.000	.00		.00
ANCILLARIES	0	0							
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	3	6	148.18		24.70	.010	49.39		.24
MEDICAL	0	0	.00		.00	.000	.00		.00
SURGERY	1	1	25.07		25.07	.002	25.07		.04
	1	1							
PATHOLOGY	1	1	4.53		4.53	.002	4.53		.01
RADIOLOGY	0	0	.00		.00	.000	.00		.00
ROOM USE	3	3	115.48		38.49	.005	38.49		.19
CROSSOVERS/ALL OTH OUTPTNT	1	1	3.10		3.10	.002	3.10		.01
#CALIF DEPT OF HEALTH SERV	MEDI CAI CEDITI	CES AND EXPENDITURES		ם מיים מיים				D 7	
			MONIH-OF-PAIMENT F	KEPORI	FOR JAN 2	OUS THRU DE	C 2003	PA	GE 6,903
MOP024	FEE-FOR-SERVIC								01/29/04
MARIPOSA COUNTY	SUMMARY OF SER	VICES FOR MEDICALLY	INDIGENT - CHILDRE	EN - T	TOTAL				
						MON	THLY AVERA	GE -	
617 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVF	RAGE COST	UNITS/DAYS	COST PER	С	OST PER
01, 0010100	OBLIND	OR DAYS OF CARE			R UNIT/DAY		USER		LIGIBLE
	4.5		10 254 42						
@COMMUNITY HOSPITAL TOTAL	45	151 \$	19,374.43	\$	128.31	.245 \$		Ş	31.40
COMM HOSP INPATIENT TOTAL	8	17	15,191.08		893.59	.028	1898.89		24.62
HSC HOSPITALS	7	13	11,852.03		911.69	.021	1693.15		19.21
NON-HSC HOSPITALS TOTAL	1	4	3,339.05		834.76	.006	3339.05		5.41
ACCOMMODATIONS	1	4	2,046.98		511.75	.006	2046.98		3.32
VCCOLILIODY I TOND	Τ.	7	2,040.90		J11./J	.000	2010.20		۵.۵۵

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	4		2,046.98		511.75	.006		2046.98		3.32
ANCILLARIES	1	0		1,292.07		.00	.000		1292.07		2.09
	<u> </u>	0				.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00							
ALL OTHER INPATIENT	0			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	38	134		4,183.35		31.22	.217		110.09		6.78
MEDICAL	18	19		941.29		49.54	.031		52.29		1.53
SURGERY	6	6		613.31		102.22	.010		102.22		.99
PATHOLOGY	13	51		582.50		11.42	.083		44.81		.94
RADIOLOGY	10	10		591.72		59.17	.016		59.17		.96
ROOM USE	21	26		1,192.44		45.86	.042		56.78		1.93
CROSSOVERS/ALL OTH OUTPTNT		22		262.09		11.91	.036		18.72		.42
	0	0	4		4			4		4	
@STATE HOSPITAL			\$.00	\$.00	.000	Ş	.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
	0										.00
LEV B-REGULAR	U	0	4.	.00	4.	.00	.000	4.	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		\$.00	Ġ	.00
HOSPITAL BASED	0	0	т.	.00	-	.00	.000	т	.00	т	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
	0	0	4	.00	\$			4		4	
@REHABILITATION FACILITY	0		\$		Ş	.00	.000	Þ	.00	Þ	.00
HOSPITAL BASED	U	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	13	38	\$	464.00	\$	12.21	.062	\$	35.69	\$.75
PATHOLOGY	13	38		464.00		12.21	.062		35.69		.75
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	92	142	\$	14,431.87	\$	101.63	.230	\$	156.87	\$	23.39
CLINIC	4	9		102.05		11.34	.015		25.51	•	.17
SURGICENTER	2	7		248.21		35.46	.011		124.11		.40
HEROIN DETOX CLINIC	0	Ó		.00		.00	.000		.00		.00
	88	126									
RURAL HEALTH CLINIC			TTDTIC	14,081.61		111.76	.204	DEC	160.02	_	22.82
#CALIF DEPT OF HEALTH SERV			URES	MONTH-OF-PAYMENT R	(EPOR:	I FOR JAN	2003 THRU	DEC	2003	Р	AGE 6,904
MOP024	FEE-FOR-SERVICE	'									01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	VICES FOR MEDIC	ALLY	INDIGENT - CHILDRE	CN - 7	TOTAL					
									HLY AVERA	GΕ	
617 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AV1	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CA	RE		PEI	R UNIT/DAY	PER ELIG	ļ	USER		ELIGIBLE
@ALL OTHER PROVIDERS	22	181	\$	7,116.94	\$	39.32	.293	\$	323.50	\$	11.53
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
	0	0		.00			.000		.00		
HEARING AID DISPENSERS						.00					.00
MEDICAL TRANSPORTATION	11	151		6,745.23		44.67	. 245		613.20		10.93
AMBULANCES/AIR TRANS	11	149		3,145.23		21.11	.241		285.93		5.10
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	2	2		3,600.00		1800.00	.003		1800.00		5.83
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	ĭ	1		105.00		105.00	.002		105.00		.17
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00

OPTICIAN	3	6	49.20	8.20	.010	16.40	.08
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	7	23	217.51	9.46	.037	31.07	.35
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** .00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,905 FEE-FOR-SERVICE/DENTAL MOP024 01/29/04

----- MONTHLY AVERAGE -----

MARIPOSA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

						MC	DIV.T.	HLY AVERA	GE .	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER	(COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER]	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$	\$.00	Ś	.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00		.00	.000	•	.00	•	.00
OFFICE VISITS	Ō	0	.00		.00	.000		.00		.00
HOME VISITS	0	0	.00		.00	.000		.00		.00
EMERGENCY ROOM	Ô	0	.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0	.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0	.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0	.00		.00	.000		.00		.00
	0	0	.00		.00	.000		.00		.00
INPATIENT VISITS	0	0				.000				.00
HOSPITAL VISITS	0		.00		.00			.00		
CRITICAL CARE	•	0	.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	.00		.00	.000		.00		.00
EXAMINATIONS	0	0	.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0	.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0	.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0	.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00		.00
DIALYSIS	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	Ô	0	.00		.00	.000		.00		.00
PSYCHIATRY	ñ	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0	.00		.00	.000		.00		.00
@PHARMACY	0	0 \$		\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	Y	.00	.000	Y	.00	Y	.00
SNF/ICF	0	0	.00		.00	.000		.00		.00
	0	0	.00					.00		
OUTPATIENTS	0	0			.00	.000				.00
MEDICAL SUPPLIES	0		.00	4	.00	.000	4	.00	4	.00
@DENTIST	0			\$.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00		.00	.000		.00		.00
ORAL SURGERY	0	0	.00		.00	.000		.00		.00
DRUGS	0	0	.00		.00	.000		.00		.00
ANESTHESIA	0	0	.00		.00	.000		.00		.00
PERIODONTICS	0	0	.00		.00	.000		.00		.00
ENDODONTICS	0	0	.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0	.00		.00	.000		.00		.00
PROSTHETICS	0	0	.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0	.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0	.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0	.00		.00	.000		.00		.00

MOP024 FEE-FOR-SERVICE/DENTAL

MARIPOSA COUNTY

SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

PAGE 6,906

----- MONTHLY AVERAGE -----

01/29/04

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG ELIGIBLE OR DAYS OF CARE USER @OPTOMETRIST 0 0 \$.00 S .00 .000 \$.00 \$.00 0 0 .00 .00 DIAGNOSTIC AND ANC. PROCED .00 .000 .00 0 .00 . 00 .000 . 00 . 00 EYE APPLIANCES Ω .00 0 .00 .00 .000 OTHER OPTOMETRIC SERVICES .00 .00 .00 \$ @CHIROPRACTOR .00 \$.000 S .00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 .00 \$ @PODIATRIST Ω .00 \$.00 .000 \$.00 .00 .00 .000 MEDICINE/INJECTIONS .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .00 .000 .00 .00 .000 . 00 . 00 . 00 OTHER @HOME HEALTH AGENCY .00 Ś .00 .000 \$.00 \$.00 .00 NURSE ANESTHESIST .00 \$.00 .000 \$ Ś .00 \$.00 .00 .000 .00 .00 NURSE MIDWIFE \$ \$ \$ \$.00 .000 Ś .00 Ś PEDIATRIC NURSE PRACTITIONER .00 .00 .000 Ś FAMILY NURSE PRACTITIONER .00 .00 \$.00 Ś .00 @TOTAL HOSPITAL .00 .00 .000 .00 .00 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 .000 .00 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .00 .00 .000 .00 ACCOMMODATIONS ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 0 .00 .00 .000 .00 TRANSITIONAL IP CARE ALL OTHER ACCOM .00 .00 .000 . 00 .00 ANCILLARIES 0 .00 .00 .000 .00 .00 .00 .00 .00 .000 INPATIENT CROSSOVERS .00 .00 .00 . 00 ALL OTHER INPATIENT .000 . 00 .00 HOSP OUTPATIENT TOTAL .00 .00 .000 .00 MEDICAL .00 .00 .000 .00 .00 .00 .00 .00 SURGERY .000 .00 .000 PATHOLOGY .00 .00 .00 .00 .000 0 .00 .00 .00 .00 RADIOLOGY 0 .00 .00 ROOM USE .00 .000 .00 CROSSOVERS/ALL OTH OUTPTNT 0 .00 .00 .000 .00 .00 @COUNTY HOSPITAL TOTAL .00 .00 .000 \$.00 \$.00 CO HOSPITAL INPATIENT TOTAL .00 .00 .000 . 00 .00 .00 .00 .000 .00 .00 HSC HOSPITALS NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .00 .000 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 ALL OTHER ACCOM .00 .000 .00 ANCILLARIES .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 INPATIENT CROSSOVERS ALL OTHER INPATIENT .00 .00 .000 .00 .00 CO HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 .00 .00 .000 .00 PATHOLOGY .00 .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .00 ROOM USE .000 .00 .00 .00 .00 Ω .000 CROSSOVERS/ALL OTH OUTPTNT Ω .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,907 MOP024 01/29/04 FEE-FOR-SERVICE/DENTAL

MOP024	FEE-FOR-SERVICE											01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR	MIA -	NO SOC	- AID PAID	PENDI	NG AID	CODE 8	31			
								_	MO	NTHLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF	SERVIO	CE	EXPENDITU	JRES	AVERAGE	COST I	JNITS/DAYS	COST PER	(COST PER
** ======	0.0	OR DAYS					PER UNIT		PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	OR DITTO				0.0					\$.00
	0		0	\$.00	•	.00	.000	•	Ą	
COMM HOSP INPATIENT TOTAL	0		0			.00		.00	.000	.00		.00
HSC HOSPITALS	0		0			.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0		0			.00		.00	.000	.00		.00
ACCOMMODATIONS	0		0			.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0			.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0					.00	.000	.00		.00
	0		0			.00						
ALL OTHER ACCOM	U		Ü			.00		.00	.000	.00		.00
ANCILLARIES	0		0			.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0			.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0		0			.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0			.00		.00	.000	.00		.00
MEDICAL	0		Ô			.00		.00	.000	.00		.00
SURGERY	0		0			.00		.00	.000	.00		.00
	0		0									
PATHOLOGY	U		Ü			.00		.00	.000	.00		.00
RADIOLOGY	0		0			.00		.00	.000	.00		.00
ROOM USE	0		0			.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0		0			.00		.00	.000	.00		.00
@STATE HOSPITAL	0		0	\$.00	\$.00		\$.00	\$.00
MENTALLY ILL	0		Ô	т.		.00	•	.00	.000	.00	т.	.00
DEVELOP. DISABLED	0		0									
	0		0	4		.00		.00	.000	.00	4	.00
@NURSING FACILITY	Ū		0	\$.00		.00		\$.00	\$.00
LEV A-INTERMEDIATE	0		0			.00		.00	.000	.00		.00
LEV B-REHAB MD	0		0			.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0		0			.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0			.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0		Ô			.00		.00	.000	.00		.00
LEV B-REGULAR	0		0			.00		.00	.000	.00		.00
	0		0	d							4	
@INTERMEDIATE CARE FACILDD	U		Ü	\$.00	•	.00		\$.00	\$.00
ICF DDH	0		0			.00		.00	.000	.00		.00
ICF DD	0		0			.00		.00	.000	.00		.00
ICF DDN/DDCN	0		0			.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	•		.00		.00	.000	.00	•	.00
HEMODIALYSIS CENTER	Ô		0			.00		.00	.000	.00		.00
	0		0	Ċ							4	
@REHABILITATION FACILITY	0		0	\$.00	•	.00		\$.00	\$.00
HOSPITAL BASED	Ü		U			.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0		0			.00		.00	.000	.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0			.00		.00	.000	.00		.00
XO AND OTHERS	0		0			.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		Ô	\$.00		.00		\$.00	\$.00
CLINIC CLINIC	0		0	Ÿ						.00	Ÿ	
	0		0			.00		.00	.000			.00
SURGICENTER	Ü		U			.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0		0			.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0		0			.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXE	PENDIT	URES MOI	NTH-OF-PAYME	ENT RE	PORT FOR	JAN 20	003 THRU D	EC 2003	PI	AGE 6,908
MOP024	FEE-FOR-SERVICE											01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV		MT7 _	NO SOC	- VID DVID	ודמאים	NG ATD	CODE	21			01/20/01
MAKIFUDA COUNTI	DOMINANT OF BERV	TCED FOR	MITH -	740 DOC	ATD BATD	רדתות ב	MTN SIN			י בי בונות אל בנונותוא	C E	
00 =======			00000	a=		TD TI C				NTHLY AVERA		
00 ELIGIBLES	USERS	UNITS OF			EXPENDIT	JRES				COST PER		COST PER
		OR DAYS	OF CAP	RE			PER UNIT	Γ/DAY	PER ELIG	USER	E	ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0			.00		.00	.000	.00		.00
BLOOD BANK	0		Ö			.00		.00	.000	.00		.00
- 	· ·		Č									

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00
♠★ MOMATO THE MULLION TINES AND CITYENT	YO Y OHDYDYMH .	TATE OF THE TATE O					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 6,909
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86	

				MON	THLY AVERA	GE
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
11	46 \$	4,252.24	\$ 92.44	3.067 \$	386.57	\$ 283.48
6	24 \$	966.61	\$ 40.28	1.600 \$	161.10	\$ 64.44
1	1	126.31	126.31	.067	126.31	8.42
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
1	1	126.31	126.31	.067	126.31	8.42
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
2	3	360.61	120.20	.200	180.31	24.04
2	2	312.16	156.08	.133	156.08	20.81
0	0	.00	.00	.000	.00	.00
1	1	48.45	48.45	.067	48.45	3.23
	USERS 11 6 1 0 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE	OR DAYS OF CARE 11	OR DAYS OF CARE 11	USERS	OR DAYS OF CARE

DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	12.57	4.19	.200	12.57	.84
RADIOLOGY	3	4	311.55	77.89	.267	103.85	20.77
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	6	46.48	7.75	.400	23.24	3.10
OTHER SERVICES/ALL X-OVERS	2	7	109.09	15.58	.467	54.55	7.27
@PHARMACY	4	6	\$ 150.82	\$ 25.14	.400	\$ 37.71	\$ 10.05
PRESCRIPTION DRUGS	3	4	55.89	13.97	.267	18.63	3.73
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	3	4	55.89	13.97	.267	18.63	3.73
MEDICAL SUPPLIES	1	2	94.93	47.47	.133	94.93	6.33
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	NTH-OF-PAYMENT REPORT	FOR JAN 20	03 THRU DEC	2003	PAGE 6,910
MOP024	FEE-FOR-SERVICE/DENTA	ΔL					01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES F	OR MIA - NO SOC	- PREGNANT	AID CODE 8	6		
				_	MONTH	ILY AVERAC	E

MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	2 1	MIA - NO	SOC -	PREGNANT		AID CODE	86				
									ГИО	HLY AVERA	GE.	
15 ELIGIBLES	USERS UNITS O	F S	SERVICE		EXPENDITURES	AV	ERAGE COST					COST PER
	OR DAY	S	OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000		.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0	•	.00	·	.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000		.00		.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000		.00		.00
@TOTAL HOSPITAL	1		5	\$		\$	413.57	.333	\$	2067.84	\$	137.86
HOSP INPATIENT TOTAL	1		0 0 0 0 0 5 2 2		2,020.01		1010.01	.133		2020.01		134.67
HSC HOSPITALS	1		2		2,020.01		1010.01	.133		2020.01		134.67
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1		3		47.83		15.94	.200		47.83		3.19
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	1		Ţ		5.90		5.90	.067		5.90		.39
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	1		1		31.93		31.93	.067		31.93		2.13
CROSSOVERS/ALL OTH OUTPTNT	1		1	4	10.00		10.00	.067		10.00		.67
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	Ş	.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	U		U		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	U		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	U		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	U		U		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DE	C 2003	PAGE 6,911
MOP024	FEE-FOR-SERVICE/DENT.	AL					01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES	FOR MIA - NO SO	C - PREGNANT	AID CODE	86		
					MON'	THLY AVERAG	E

MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR	MIA - NO) SOC -	PREGNANT		AID CODE					
										HLY AVERA	GE	
15 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1		5	\$	2,067.84	\$	413.57	.333	Ġ	2067.84	Ġ	137.86
COMM HOSP INPATIENT TOTAL	1		2	т	2,020.01	т.	1010.01	.133	т.	2020.01	- T	134.67
HSC HOSPITALS	1		2		2,020.01		1010.01	.133		2020.01		134.67
	0		2		•							
NON-HSC HOSPITALS TOTAL			0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		Ö		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		Ô		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1		2		47.83		15.94	.200		47.83		3.19
	1		5									
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	1		Τ		5.90		5.90	.067		5.90		.39
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	1		1		31.93		31.93	.067		31.93		2.13
CROSSOVERS/ALL OTH OUTPINT	1		1		10.00		10.00	.067		10.00		.67
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0	•	.00	•	.00	.000	•	.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		Ö		.00		.00	.000		.00		.00
LEV B-REGULAR	0		Ö		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	Ġ	.00	\$.00
ICF DDH	0		0	Ÿ	.00	Ą	.00	.000	Ą	.00	Ą	.00
	0		0					.000				
ICF DD	0				.00		.00			.00		.00
ICF DDN/DDCN	0		0	4	.00	4	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	Ş	.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2		2	\$	35.60	\$	17.80	.133	\$	17.80	\$	2.37
PATHOLOGY	2		2		35.60		17.80	.133		17.80		2.37
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4		9	\$	1,031.37	\$	114.60	.600	Ś	257.84	Ś	68.76
CLINIC	n		Ó	т	.00	~	.00	.000	~	.00	~	.00
SURGICENTER	n		Ö		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
HEROTH DETOY CHIMIC	U		U		.00		.00	.000		.00		.00

9 1,031.37 RURAL HEALTH CLINIC 114.60 .600 257.84 68.76 PAGE 6,912 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MONITURE ATTENDACE

MARIPOSA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

					MONT	HLY AVERAGE	
15 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARA	TE INFORMATION ITEM ON	LY;				

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,913 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MARIPOSA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 15 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 4,252.24 \$ 92.44 3.067 \$ 386.57 \$ 283.48 @TOTAL, ALL PROVIDERS 11 46 966.61 \$ @PHYSICIANS SERVICES 6 24 \$ 40.28 1.600 \$ 161.10 \$ 64.44 126.31 126.31 .067 126.31 8.42 OUTPATIENT VISITS 1 1 126.31 .067
.00 .000
.00 .000
.00 .000
.00 .000
126.31 .067
.00 .000
.00 .000
.00 .000
.00 .000
.00 .000
.00 .000
.00 .000
.00 .000
.00 .000
.00 .000 .00 OFFICE VISITS 0 0 .00 .00 0 .00 .00 .00 HOME VISITS .00 .00 0 0 EMERGENCY ROOM .00 .00 .00 126.31 .00 0 0 .00 PREVENTIVE CARE .00 126.31 OB VISITS/COMPRE PERI 126.31 8.42 0 .00 OTHER OUTPATIENT .00 .00 0 .00 .00 .00 INPATIENT VISITS .00 HOSPITAL VISITS 0 0 .00 .00 0 .00 .00 CRITICAL CARE 0 .00 .00 .00 Ω .00 SNF/ICF/TRANS IP CARE Ω OPHTHALMOLOGICAL SERVICES 0 .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	2	3		360.61	12	0.20	.200		180.31		24.04
PRINCIPAL SURGEON	2	2		312.16	15	6.08	.133		156.08		20.81
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	1		48.45	4	8.45	.067		48.45		3.23
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	3		12.57		4.19	.200		12.57		.84
RADIOLOGY	3	4		311.55	7	7.89	.267		103.85		20.77
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	6		46.48		7.75	.400		23.24		3.10
OTHER SERVICES/ALL X-OVERS	2	7		109.09	1	5.58	.467		54.55		7.27
@PHARMACY	4	6	\$	150.82	\$ 2	5.14	.400	\$	37.71	\$	10.05
PRESCRIPTION DRUGS	3	4		55.89	. 1	3.97	.267		18.63		3.73
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	3	4		55.89	1	3.97	.267		18.63		3.73
MEDICAL SUPPLIES	1	2		94.93	4	7.47	.133		94.93		6.33
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITUR	ES MON	TH-OF-PAYMENT RE	EPORT FO	R JAN	1 2003 THRU	DEC	2003	PAG	E 6,914
MOP024	FEE-FOR-SERVICE/DEN	TAL									01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES	FOR MIA - N	O SOC	- TOTAL							
							1	TION	HLY AVERA	GE	
1E DITOIDIDO	TICEDO INTE	TO OF CEDITOR		EADEMDIGIDEC	7777777	E 000	יתי דווודתים / האז	70		00	Car DED

15 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY	_	COST PER		COST PER
		OR DAYS OF CARE	4.		PEF	R UNIT/DAY	PER ELIG		USER	4.	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	5	\$	2,067.84	\$	413.57	.333	\$	2067.84	\$	137.86

HOSP INPATIENT TOTAL	1	2	2,020.01	1010.01	.133	2020.01	134.67
HSC HOSPITALS	1	2	2,020.01	1010.01	.133	2020.01	134.67
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	3	47.83	15.94	.200	47.83	3.19
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	5.90	5.90	.067	5.90	.39
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	31.93	31.93	.067	31.93	2.13

CROSSOVERS/ALL OTH OUTPINT	1	1		10.00		10.00	.067	1	10.00		.67
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	RES MONTH-OF-PA	YMENT RE	EPORT	FOR JAN	2003 THRU	DEC 200)3	PAGE	6,915
MOP024	FEE-FOR-SERVICE/DENTAL									01	/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	MIA - I	NO SOC - TOTAL								

----- MONTHLY AVERAGE -----15 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USER ELIGIBLE OR DAYS OF CARE PER UNIT/DAY PER ELIG @COMMUNITY HOSPITAL TOTAL 5 2,067.84 \$ 413.57 .333 \$ 2067.84 \$ 137.86 2 COMM HOSP INPATIENT TOTAL 2,020.01 1010.01 .133 2020.01 134.67 2,020.01 1010.01 2020.01 134.67 HSC HOSPITALS .133 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 .000 .00 ALL OTHER ACCOM .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 47.83 15.94 .200 47.83 COMM HOSP OUTPATIENT TOTAL 3.19 .000 MEDICAL .00 .00 .00 .00 SURGERY 0 .00 .00 .000 .00 .00 1 5.90 5.90 5.90 PATHOLOGY .067 .39 RADIOLOGY 0 .00 .00 .000 .00 .00 31.93 ROOM USE 1 31.93 .067 31.93 2.13 CROSSOVERS/ALL OTH OUTPTNT 1 10.00 10.00 .067 10.00 .67 @STATE HOSPITAL .00 \$.00 .000 \$.00 .00 .000 MENTALLY ILL .00 .00 .00 .00 0 .00 .00 .000 .00 .00 DEVELOP. DISABLED .00 .00 .000 .00 .00 @NURSING FACILITY LEV A-INTERMEDIATE .00 .00 .000 .00 .00 0 .00 .00 .00 .00 LEV B-REHAB MD .000 0 .00 LEV B-SUBACUTE FREESTANDING .00 .000 .00 .00 LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE 0 .00 .00 .00 .000 .00 LEV B-REGULAR 0 .00 .000 .00 .00 .00 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 \$.00 .00 ICF DDH .00 .00 .000 .00 .00 .00 .00 .00 .00 ICF DD .000 ICF DDN/DDCN 0 .00 .00 .000 .00 .00 0 .00 @HEMODIALYSIS TOTAL .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPITAL BASED HEMODIALYSIS CENTER .00 .00 .000 .00 .00

@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	2	2 \$	35.60	\$	17.80	.133	\$ 17.80	\$	2.37
PATHOLOGY	2	2	35.60		17.80	.133	17.80		2.37
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	4	9 \$	1,031.37	\$ 1	14.60	.600	\$ 257.84	\$ 6	8.76
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	4	9	1,031.37	1	14.60	.600	257.84	6	8.76
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES M	ONTH-OF-PAYMENT F	REPORT F	OR JAN 2	003 THRU	DEC 2003	PAGE	6,916
MOP024	FEE-FOR-SERVICE/DENTA	L						01	/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES F	OR MIA - NO SO	C - TOTAL						
						M	ONTHLY AVERAG	GE	
15 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERA	GE COST	UNITS/DAY	S COST PER	COST	PER
	OR D	AYS OF CARE		PER U	NIT/DAY	PER ELIG	USER	ELIG	IBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EOUIP.	0	0	.00		.00	.000	.00		.00

15 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLIDED IN THE APPROPRIATE DETAIL LINES ABOVE

** THESE DATA ARE INCLUDED I	N THE APPROPRIATE DETAIL LINES ABOVE.	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 20	03 PAGE 6,917
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53	

							M	ONT	THLY AVERA	ιGΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00

BORNEVISITS	HOME MICTED							
PREVENTIVE CARE	HOME ATSTIZ	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	EMERGENCY ROOM	0	0	. 0.0	. 0.0	. 000	. 00	. 0.0
OTHER SUPPLIES OTHER CONTEXTENT OTHER CONTEXTENT OTHER CONTEXTENT OTHER CONTEXTENT OTHER CONTEXTENT OTHER CONTEXTENT OTHER SUPPLIES OTHER CONTEXTENT OTHER CONTEXTENT OTHER SUPPLIES OTHER SUPPLIES OTHER CONTEXTENT OTHER SUPPLIES OT								
OPTIMER CUTTERTIENT		0	-					
IMPATIENT VISITS		Ü	-					
HOSPITAL VISITS	OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
CHITICAL CARE O O O O O O O O O O O O O O O O O O O		n	0					
SHPILEFITEANS IS CARRE O		•	0					
OPHTHAMMOLOCICAL SERVICES		0	0					
SERVICES AND MATERIALS	SNF/ICF/TRANS IP CARE	Ü	0					
SERVICES AND MATERIALS	OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	EXAMINATIONS	0	0	.00	.00	.000	.00	.00
IMPATIENT HOSPITAL SURGENY 0		Ω	0					
PRINCIPAL SURGEON		0	0					
AMSSISTANT SURGENON 0 0 0 00 000 000 000 000 000 ANSSISTANT SURGENY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		U	U					
AMESTHESIOLOGIST 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PRINCIPAL SURGEON	0	0	.00	.00	.000		
OUTPATIENT SURGENY	ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGENY	ANESTHESTOLOGIST	0	0	. 0.0	. 0.0	. 000	. 00	. 0.0
PRINCIPAL SURGEON		0	0					
ANSSISTANT SURGEON		9	0					
DIALYSTS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Ü	Ü					
DATHOLOGY	ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
DATHOLOGY	ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
PATHOLOGY		0	0	0.0	0.0		0.0	0.0
RADIOLOGY		0	0					
PSYCHIATRY		0	0					
MMUNIZATION AND INNECTION 0		Ü	Ü					
OTHER SERVICES/ALL X-OVERS O	PSYCHIATRY	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS O	IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
### APPLIANMACY		n	0					
PRESCRIPTION DRUGS		0	_					
SMF/ICF		0	- 4	-		·		•
OUTPATIENTS	PRESCRIPTION DRUGS	Ü	_					
MEDICAL SUPPLIES	SNF/ICF	0	0	.00	.00	.000	.00	.00
MEDICAL SUPLIES	OUTPATIENTS	0	0	.00	.00	.000	.00	.00
		Ō	0					
VISITS - DIAGNOSTIC		0	_					
ORAL SURGERY 0	-	Ü	- 4	-				·
DRUGS	VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
AMESTHESIA 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 0	ORAL SURGERY	0	0	.00	.00	.000	.00	.00
AMESTHESIA 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 0	DRUGS	0				0.00	0.0	0.0
PERIODONTICS		U	0	.00	.00	.000	.00	. 00
ENDODONTICS 0		0	0					
RESTORATIVE DENTISTRY	ANESTHESIA	0	0	.00	.00	.000	.00	.00
PROSTHETICS	ANESTHESIA PERIODONTICS	0	0 0 0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	ANESTHESIA PERIODONTICS	0 0 0	0 0 0 0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	ANESTHESIA PERIODONTICS ENDODONTICS	0 0 0 0	0 0 0 0	.00 .00 .00	.00 .00 .00	.000 .000 .000	.00 .00 .00	.00 .00 .00
SPACE MAINTAINERS	ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY	0 0 0 0	0 0 0 0 0	.00 .00 .00 .00	.00 .00 .00	.000 .000 .000 .000	.00 .00 .00	.00 .00 .00
MAXILLOFACIAL SERVICES 0 0 0 0 0 0 0 0 0	ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS	0 0 0 0 0	0 0 0 0 0	.00 .00 .00 .00	.00 .00 .00 .00	.000 .000 .000 .000	.00 .00 .00 .00	.00 .00 .00 .00
FRACTURES, DISLOCATIONS	ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES	0 0 0 0 0	0 0 0 0 0	.00 .00 .00 .00 .00	.00 .00 .00 .00 .00	.000 .000 .000 .000 .000	.00 .00 .00 .00	.00 .00 .00 .00 .00
ORTHODONTIC SERVICES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS	0 0 0 0 0	0 0 0 0 0 0	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00
ALL OTHER SERVICES	ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS	0 0 0 0 0 0	0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00
ALL OTHER SERVICES	ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES	0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MODITION NOT HEALTH SERV MODITION NOT HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,918 01/29/04 SUMMARY OF SERVICE FOR MIA - SOC - LTC AID CODE 53 **ON ELIGIBLES** **ON DAYS OF CARE*** **OR DAYS OF CARE*** **OR DAYS OF CARE*** **ON DIAGNOSTIC AND ANC. PROCED DIAGNOSTIC AND ANC. PROCED OF APPLIANCES OF THE OTHER PROCEDS OF THE OTHER PROCES OF THE OTHER PROCEDS OTH	ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS	0 0 0 0 0 0 0	0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00
MOPO 24 MARIPOSA COUNTY	ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES		ŭ	.00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00
MARIPOSA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53 00 ELIGIBLES USERS UNITS OF SERVICE OR DAYS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER DEIG USER COST PER DEIG USER COST PER DEIG USER ELIGIBLE @OPTOMETRIST 0 \$.00 \$.00	ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES	0	0	.00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00
O ELIGIBLES	ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 MEDI-CAL SERVICE	0 S AND EXPENDITURES MON'	.00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
O ELIGIBLES	ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/	0 S AND EXPENDITURES MON' DENTAL	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
O ELIGIBLES	ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/	0 S AND EXPENDITURES MON' DENTAL	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 \$.00 \$.00 .00 .00 \$.00 \$.00	ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/	0 S AND EXPENDITURES MON' DENTAL	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
@OPTOMETRIST 0 0 \$.00 \$.00 <td>ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY</td> <td>0 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI</td> <td>0 S AND EXPENDITURES MON' DENTAL CES FOR MIA - SOC - L'</td> <td>.00 .00 .00 .00 .00 .00 .00 .00 .00 .00</td> <td>.00 .00 .00 .00 .00 .00 .00 .00 .00 .00</td> <td>.000 .000 .000 .000 .000 .000 .000 .00</td> <td>.00 .00 .00 .00 .00 .00 .00 .00 .00 .00</td> <td>.00 .00 .00 .00 .00 .00 .00 .00 .00 .00</td>	ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI	0 S AND EXPENDITURES MON' DENTAL CES FOR MIA - SOC - L'	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
DIAGNOSTIC AND ANC. PROCED 0 0 .00 .	ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI	O S AND EXPENDITURES MON' DENTAL CES FOR MIA - SOC - L' UNITS OF SERVICE	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 2003	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
EYE APPLIANCES 0 0 .00	ANESTHESIA PERIODONTICS ENDODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI	0 S AND EXPENDITURES MON' DENTAL CES FOR MIA - SOC - L' UNITS OF SERVICE OR DAYS OF CARE	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .2003	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .00 .00 .00 @CHIROPRACTOR 0 0 \$.00 \$.00 \$.00 \$ VISITS 0 0 .00 .00 .00 .00 .00 .00 .00 OTHER SERVICES 0 0 .00 .00 .00 .00 .00 .00	ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0	0 S AND EXPENDITURES MON' DENTAL CES FOR MIA - SOC - L' UNITS OF SERVICE OR DAYS OF CARE 0 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .2003	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .00 .00 .00 @CHIROPRACTOR 0 0 \$.00 \$.00 \$.00 \$ VISITS 0 0 .00 .00 .00 .00 .00 .00 .00 OTHER SERVICES 0 0 .00 .00 .00 .00 .00 .00	ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0	0 S AND EXPENDITURES MON' DENTAL CES FOR MIA - SOC - L' UNITS OF SERVICE OR DAYS OF CARE 0 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .2003	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
@CHIROPRACTOR 0 0 \$.00 \$.00 .00 \$.00 \$.00 \$.00 </td <td>ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED</td> <td>0 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0</td> <td>O S AND EXPENDITURES MON' DENTAL CES FOR MIA - SOC - L' UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0</td> <td>.00 .00 .00 .00 .00 .00 .00 .00 .00 .00</td> <td>.00 .00 .00 .00 .00 .00 .00 .00 .00 .00</td> <td>.000 .000 .000 .000 .000 .000 .000 .00</td> <td>.00 .00 .00 .00 .00 .00 .00 .00 .00 .2003 HLY AVERAG COST PER USER .00</td> <td>.00 .00 .00 .00 .00 .00 .00 .00 .00 .00</td>	ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0	O S AND EXPENDITURES MON' DENTAL CES FOR MIA - SOC - L' UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .2003 HLY AVERAG COST PER USER .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
VISITS 0 0 .00 .00 .00 .00 .00 OTHER SERVICES 0 0 .00 .00 .00 .00 .00 .00	ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0	O S AND EXPENDITURES MON' DENTAL CES FOR MIA - SOC - L' UNITS OF SERVICE OR DAYS OF CARE O S O 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .2003 HLY AVERAG COST PER USER .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
OTHER SERVICES 0 0 .00 .00 .00 .00 .00	ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0	O S AND EXPENDITURES MON' DENTAL CES FOR MIA - SOC - L' UNITS OF SERVICE OR DAYS OF CARE O O O O	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .2003 HLY AVERAG COST PER USER .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
	ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0 0	O S AND EXPENDITURES MON' DENTAL CES FOR MIA - SOC - L' UNITS OF SERVICE OR DAYS OF CARE O O O O O S	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .2003 HLY AVERAG COST PER USER .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
	ANESTHESIA PERIODONTICS ENDODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0 0 0 0	O S AND EXPENDITURES MON' DENTAL CES FOR MIA - SOC - L' UNITS OF SERVICE OR DAYS OF CARE O O O O O O S O O O O O S O O O O O O	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
@PODIATRIST 0 0 \$.00 \$.00 \$.00 \$.00	ANESTHESIA PERIODONTICS ENDODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0 0 0 0	O S AND EXPENDITURES MON' DENTAL CES FOR MIA - SOC - L' UNITS OF SERVICE OR DAYS OF CARE O O O O O O O S O O O O O O O O O O O	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
	ANESTHESIA PERIODONTICS ENDODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0	O S AND EXPENDITURES MON' DENTAL CES FOR MIA - SOC - L' UNITS OF SERVICE OR DAYS OF CARE O \$ 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .2003 HLY AVERAG COST PER USER .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
	ANESTHESIA PERIODONTICS ENDODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0	O S AND EXPENDITURES MON' DENTAL CES FOR MIA - SOC - L' UNITS OF SERVICE OR DAYS OF CARE O \$ 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .2003 HLY AVERAG COST PER USER .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

MEDICINE /INTECRIONS	0	0	0.0	0.0	000	0.0	0.0
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$		
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		
@TOTAL HOSPITAL	Ô	0 \$.00	\$.00	.000 \$		
HOSP INPATIENT TOTAL	0	0 4	.00	.00	.000	.00	.00
	0	0					
HSC HOSPITALS	U	U	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	Ü	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0					
MEDICAL	U	U	.00	.00	.000	.00	.00
SURGERY	Ü	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	Ü	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
		ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 6,919
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR MIA - SOC	- LTC	AID CODE	53		
					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
** =======	552235	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		_
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
					.000		
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
·-							

INPATIENT CROSSOVERS	0	0	.00	.00	000	.00	0.0
	U	Ū			.000		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00		.00
SURGICENTER	0	0		.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUR	ES MONTH-OF	-PAYMENT REP	ORT FOR JAN	2003 THRU I	DEC 2003	PAGE	6,920
MOP024	FEE-FOR-SERVICE/DENTAL							0.2	L/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	MIA - S	OC - LTC		AID CODE	53			

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 0 .000 \$ @ALL OTHER PROVIDERS .00 \$.00 .00 \$.00 DURABLE MED. EQUIP. .00 .00 .000 .00 .00 BLOOD BANK .00 .00 .000 .00 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 .00 .00 AMBULANCES/AIR TRANS .00 .000 .00 .00 .00 OTHER TRANS .00 .000 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 .00 OCCUPATIONAL THERAPIST .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .00 .000 .00 .000 PROSTHETICS .00 .00 .00 .00 .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .00 PSYCHOLOGIST .000 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 HOSPICE SERVICES .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .000 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS .00 .00 .000 .00 .00 .000 @CALIF. CHILDREN SERVICES* .00 \$.00 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** 0 .00 .000 .00 .00 .00 \$ \$ \$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,921 FEE-FOR-SERVICE/DENTAL
OUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

MARIPOSA COUNTY

01/29/04

----- MONTHLY AVERAGE -----

----- MONTHLY AVERAGE -----OO ELIGIBLES USERS

TAL, ALL PROVIDERS 0
YSICIANS SERVICES 0
UTPATIENT VISITS 0
OFFICE VISITS 0
HOME VISITS 0
EMERGENCY ROOM 0
PREVENTIVE CARE 0
OB VISITS/COMPRE PERI 0
OTHER OUTPATIENT 0 UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE @TOTAL, ALL PROVIDERS 0 @PHYSICIANS SERVICES 0 OUTPATIENT VISITS 0 0 0 0 OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES EXAMINATIONS SERVICES AND MATERIALS 0
INPATIENT HOSPITAL SURGERY 0
PRINCIPAL SUBGEON 1 PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS 0 @PHARMACY
 PHARMACY
 0

 PRESCRIPTION DRUGS
 0

 SNF/ICF
 0

 OUTPATIENTS
 0

 MEDICAL SUPPLIES
 0

 DENTIST
 0

 VISITS - DIAGNOSTIC
 0

 ORAL SURGERY
 0

 DRUGS
 0

 ANESTHESIA
 0

 PERIODONTICS
 0
 0 @DENTIST PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,922 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MARIPOSA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

00 ELIGIBLES		NITS OF SERVICE OR DAYS OF CARE	EXPENDITURES		E COST UNI		COST PER USER	COST ELIG	
@ODTOMETD I CT	0		0.0			.000 \$		\$	
@OPTOMETRIST			.00	\$.00			Ą	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000	.00		.00
EYE APPLIANCES	0	0	.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00		.00	.000	.00		.00
OTHER SERVICES	0	0	.00		.00	.000	.00		.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000	.00		.00
SURGERY/ANES.	0	0	.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000	.00		.00
OTHER	0	0	.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 Ś	.00	S	.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 s	.00	Ė	.00	.000 \$.00	Ė	.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	Ė	.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	Š	.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	Ô	0 \$.00	Š	.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	٧	.00	.000	.00	Y	.00
HSC HOSPITALS	0	0	.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00		.00
	0	0	.00				.00		
ADMINISTRATIVE DAYS	0	0			.00	.000			.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00		.00
ANCILLARIES	0	0	.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000	.00		.00
MEDICAL	0	0	.00		.00	.000	.00		.00
SURGERY	0	0	.00		.00	.000	.00		.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
RADIOLOGY	0	0	.00		.00	.000	.00		.00
ROOM USE	0	0	.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000	.00		.00
HSC HOSPITALS	0	0	.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00		.00
ANCILLARIES	0	0	.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000	.00		.00
MEDICAL	0	0	.00		.00	.000	.00		.00
SURGERY	0	0	.00		.00	.000	.00		.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
RADIOLOGY	Ô	0	.00		.00	.000	.00		.00
ROOM USE	0	0	.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	•	AND EXPENDITURES M		ים ייקטםי				DACE	6,923
MOP024	FEE-FOR-SERVICE/D		ONTH OF EATHERN RE	11 01/1 1/0	ICOMIN ZOUS	, 1111(0 DE(/29/04
MARIPOSA COUNTY		ES FOR MIA - SOC -	DREGNANT	7 T	D CODE 87			O I	, 27, 04
LINTI ODY COOMIT	DOMINANCE OF DERVIC	TO TOK MIA BOC -	TICHOTIANI	AI	U CODE 07	MONT	ת משתל א דווים	3.00	

		OR DAIS OF CARE				PER	UNII/DAI	PER ELIC	7	USER	Ľ	ГТСТВГЕ
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0			.00		.00	.000		.00		.00
HSC HOSPITALS	0	0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	Ô			.00		.00	.000		.00		.00
	0	0										
ACCOMMODATIONS	U	U			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0		_	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	Ô			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0										
	U	U			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0			.00		.00	.000		.00		.00
MEDICAL	0	0			.00		.00	.000		.00		.00
SURGERY	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0		_	.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
	0	0										
ROOM USE	0	0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	Ü	0			.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
LEV A-INTERMEDIATE	0	0	Y		.00	٧	.00	.000	Y	.00	٧	.00
	0	•										
LEV B-REHAB MD	Ü	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR	0	0			.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
	0	•	Ÿ			Ÿ			Ų		Ÿ	
ICF DDH	U	0			.00		.00	.000		.00		.00
ICF DD	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0			.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
	0		Ą			Ą			Ą		Ą	
HOSPITAL BASED	U	0			.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	•	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
XO AND OTHERS	0	0			.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	Ġ	.00		\$.00	\$.00
CLINIC	0	0	Y		.00	٧	.00	.000	Y	.00	٧	.00
	0	0										
SURGICENTER	U	U			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES 1	MONTH-OF-PAYMEN	JT RE	PORT	FOR JAN 2	2003 THRU	DEC	2003	PA	GE 6,924
MOP024	FEE-FOR-SERVICE	/DENTAL										01/29/04
MARIPOSA COUNTY		ICES FOR MIA - SO	<u> </u>	- DREGNANT			AID CODE	87				
THICH ODT COUNT	Sommer of Shiev	TODO TOR TITLE DO	00	THEOMINI			TIED CODE		ייינא רו	HLY AVERA	그r _	
OO BUTGIBLES	HGEDG	INTEG OF GEDUTCE		EXPENDIMIT) II O	70 7 7 7777						
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITUR	KES			UNITS/DAY				OST PER
		OR DAYS OF CARE						PER ELIC		USER		LIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0			.00		.00	.000		.00		.00
BLOOD BANK	0	0		_	.00		.00	.000		.00		.00
HEARING AID DISPENSERS	Ô	0			.00		.00	.000		.00		.00
	0	0										
MEDICAL TRANSPORTATION	•				.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0			.00		.00	.000		.00		.00
OTHER TRANS	0	0		•	.00		.00	.000		.00		.00

PER UNIT/DAY PER ELIG

USER

ELIGIBLE

OR DAYS OF CARE

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,925 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MARIPOSA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

MARIPOSA COUNTY	SUMMARY OF SER	VICES FOR MIA - S	50C -	TOTAL			MO	רער	TIT 37 A 37777 A.	C E	
00 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	7/1/2/2	ACE COST	UNITS/DAYS		COST PER	GE	COST PER
00 FUIGIBLES	CAECO	OR DAYS OF CAR		EXPENDITURES		UNIT/DAY		>	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	OR DAIS OF CAR	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	э \$.00	.000		.00	\$.00
OUTPATIENT VISITS	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00			.000		.00		.00
CRITICAL CARE SNF/ICF/TRANS IP CARE	0	0		.00		.00 .00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
	0	0		.00			.000		.00		.00
EXAMINATIONS	0	0				.00					
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	•		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	· ·		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0	d	.00	4	.00	.000	4	.00	4	.00
@PHARMACY	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0	4	.00	4	.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00

0	0	.00	.00	.000	.00	.00	
0	0	.00	.00	.000	.00	.00	
0	0	.00	.00	.000	.00	.00	
0	0	.00	.00	.000	.00	.00	
0	0	.00	.00	.000	.00	.00	
0	0	.00	.00	.000	.00	.00	
MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	C 2003	PAGE 6,92	26
FEE-FOR-SERVICE/DENTA	Ĺ					01/29/0)4
		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT	0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00	0 0 0.00 .00 .000 0 0 0 .00 .000 .000 0 0 0 .00 .0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0.00 .00 .000 .000 .000 .000 .00

MARIPOSA COUNTY	SUMMARY OF SERVI		MTA - S	OC -	TOTAL						01/25/01
111111111111111111111111111111111111111		.020 1011			10111			MOI	THLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS			COST PER
		OR DAYS						PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000		\$.00
DIAGNOSTIC AND ANC. PROCED	0		Ö	т	.00	т	.00	.000	.00	-	.00
EYE APPLIANCES	0		Ö		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0		Ö		.00		.00	.000	.00		.00
@CHIROPRACTOR	0		Ö	\$.00	\$.00	.000		Ś	.00
VISITS	0		0	т	.00	т	.00	.000	.00	-	.00
OTHER SERVICES	0		Ō		.00		.00	.000	.00		.00
@PODIATRIST	0		Ö	\$.00	\$.00	.000		Ś	.00
MEDICINE/INJECTIONS	0		Ö	т	.00	т	.00	.000	.00	-	.00
SURGERY/ANES.	0		Ö		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0		Ö		.00		.00	.000	.00		.00
OTHER	0		0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0			Ś	.00	Ś	.00	.000		Ś	.00
NURSE ANESTHESIST	0		0	Š		\$.00	.000		Š	.00
NURSE MIDWIFE	0		Ō	Š		\$.00	.000			.00
PEDIATRIC NURSE PRACTITIONER	0		0 0 0 0	Š	.00	Š	.00	.000			.00
FAMILY NURSE PRACTITIONER	0		Ō	Š	.00	Š	.00	.000			.00
@TOTAL HOSPITAL	0		Ō	Š	.00	Š	.00	.000			.00
HOSP INPATIENT TOTAL	0		0	т	.00	т	.00	.000	.00	-	.00
HSC HOSPITALS	0		Ō		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0		Ō		.00		.00	.000	.00		.00
ACCOMMODATIONS	0		Ö		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.00		.00
ANCILLARIES	0		0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
MEDICAL	0		0		.00		.00	.000	.00		.00
SURGERY	0		0		.00		.00	.000	.00		.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
RADIOLOGY	0		0		.00		.00	.000	.00		.00
ROOM USE	0		0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
HSC HOSPITALS	0		0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.00		.00
ANCILLARIES	0		0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
MEDICAL	0		0		.00		.00	.000	.00		.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	003 THRU DEC	2003	PAGE 6,927
MOP024	FEE-FOR-SERVICE/DENT	AL					01/29/04
MAD TROOP CONTINUE	CINALIDII OF CEDILLORS	TOD 1/T1 COC	moma r				

SUMMARY OF SERVICES FOR MIA - SOC - TOTAL MARIPOSA COUNTY ----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE @COMMUNITY HOSPITAL TOTAL 0 .00 .00 .000 .00 \$.00 COMM HOSP INPATIENT TOTAL 0 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 .00 .00 .000 . 00 .00 TRANSITIONAL IP CARE ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 ALL OTHER INPATIENT .00 .000 .00 COMM HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 .00 SURGERY .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 .000 .00 .00 .00 RADIOLOGY .00 .00 .00 .00 .000 .00 ROOM USE CROSSOVERS/ALL OTH OUTPTNT .00 .00 .000 .00 .00 0 .00 \$.00 .000 .00 .00 @STATE HOSPITAL \$ MENTALLY ILL .00 .00 .000 .00 .00 DEVELOP. DISABLED 0 .00 .00 .000 .00 .00 .00 .00 @NURSING FACILITY .00 .000 .00 LEV A-INTERMEDIATE .00 .00 .00 .000 .00 LEV B-REHAB MD .00 .00 .000 .00 .00 LEV B-SUBACUTE FREESTANDING .00 .00 .000 .00 .00 .00 .00 .00 LEV B-SUBACUTE HSPTL BASED .000 .00 LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 .00 LEV B-REGULAR 0 .00 .00 .000 .00 .00 0 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 .00 .00 ICF DDH 0 .00 .00 .000 .00 .00 ICF DD .00 .00 .000 .00 .00 .00 ICF DDN/DDCN 0 .00 .000 .00 .00 @HEMODIALYSIS TOTAL \$.00 .000 .00 .00 .00 \$.000 HOSPITAL BASED .00 .00 .00 .00 0 .00 .00 .000 .00 .00 HEMODIALYSIS CENTER .00 \$.00 .00 @REHABILITATION FACILITY .000 .00 HOSPITAL BASED .00 .00 .000 .00 .00 0 .00 INDEPENDENT FACILITY .00 .000 .00 .00 0 .000 @LABORATORY FACILITY .00 .00 .00 .00 PATHOLOGY .00 .000 .00 .00 .00 .00 XO AND OTHERS .00 .000 .00 .00 @ORGANIZED OUTPATIENT CLINIC .00 .00 .00 .00 .000 CLINIC .00 .00 .000 .00 .00 SURGICENTER .00 .00 .000 .00 .00 .00 .00 HEROIN DETOX CLINIC .000 .00 RURAL HEALTH CLINIC 0 0 .00 .00 .000 .00 .00 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV PAGE 6,928 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

MARIPOSA COUNTY

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS (COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

----- MONTHLY AVERAGE -----

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,929
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MARIPOSA COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

111111111111111111111111111111111111111	001111111111111111111111111111111111111	, _ 0_0						
						MOI	NTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$	3	.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$	3	.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
	0	0					
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00 \$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00		.00	.000	.00		.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00		.00	.000	.00		.00
ORAL SURGERY	0	0	.00		.00	.000	.00		.00
DRUGS	0	0	.00		.00	.000	.00		.00
ANESTHESIA	0	0	.00		.00	.000	.00		.00
PERIODONTICS	0	0	.00		.00	.000	.00		.00
ENDODONTICS	0	0	.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00		.00	.000	.00		.00
PROSTHETICS	0	0	.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF-PAYMENT R	REPORT :	FOR JAN	2003 THRU DE	EC 2003	PAGE	6,930
MOP024	FEE-FOR-SERVICE/DENTAL							01	/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	FOR FUTURE	USE						
						3403	TOTTE TETTO	-	

					MON	THLY AVERAG	Ε
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$		\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$		\$.00	.000 \$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
MEDI-CAL SERVICES	AND EXPENDITURES MC	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 6,931
FEE-FOR-SERVICE/DE	NTAL					01/29/04
SUMMARY OF SERVICE	S FOR FOR FUTURE U	SE				
				MON	THLY AVERAG	E
USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
0	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
	FEE-FOR-SERVICE/DEI SUMMARY OF SERVICE: USERS UN	FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR FOR FUTURE U	0 0 .00 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT RESERVICE/DENTAL SUMMARY OF SERVICES FOR FOR FUTURE USE USERS UNITS OF SERVICE EXPENDITURES	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 00 00 00 000 000 000 000 000 000	0

00 51 56 55 56	HARRA					300 0000		OIV I I		_	GOGE DED
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		OST PER		COST PER
	•	OR DAYS OF CARE		0.0		UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00	•	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	Ψ	.00	Υ	.00	.000	т	.00	Ψ.	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	Ô	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	Ô	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	Û	Ő	\$.00	\$.00	.000	Ś	.00	\$.00
ICF DDH	0	Ŏ	Y	.00	Y	.00	.000	Y	.00	٧	.00
ICF DDI	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Ÿ	.00	Y	.00	.000	Ÿ	.00	Ÿ	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	ė.	.00	\$.00	.000	ċ.	.00	\$.00
HOSPITAL BASED	0	0	\$.00	Ą	.00	.000	Ą	.00	Ą	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	Ċ	.00	.000	ė	.00	\$.00
@HYDOLYHOKI LWCIHIII	U	O	Ÿ	.00	Ÿ	.00	.000	ų	.00	ų	.00

PATHOLOGY	0	0	.00		.00	.000	.00		.00
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	S MONTH-OF-PAYMENT F	REPORT FO	R JAN 2003	THRU I	DEC 2003	PAGE	6,932
MOP024	FEE-FOR-SERVICE/DEN	TAL						01	L/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES	FOR FOR FUTUR	RE USE						
						MC	MTHIV AVERA	GE	

						IIIII AVENAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00
* TOTAL IN THESE TIMES AND STREET	א אמ א מביטאר	ATE TATE TATE TATE TO TATE TO TATE OF	T 37 •				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,933 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

----- MONTHLY AVERAGE -----

MARIPOSA COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	11	46	\$ 4,252.24	\$ 92.44	3.067	\$ 386.57	\$ 283.48
@PHYSICIANS SERVICES	6	24	\$ 966.61	\$ 40.28	1.600	\$ 161.10	\$ 64.44
OUTPATIENT VISITS	1	1	126.31	126.31	.067	126.31	8.42
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	126.31	126.31	.067	126.31	8.42

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	Ô	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
	0	0		.00			.000		.00		
OPHTHALMOLOGICAL SERVICES	0	0				.00					.00
EXAMINATIONS	Ü	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	U	Ü		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	2	3		360.61	12	0.20	.200		180.31		24.04
PRINCIPAL SURGEON	2	2		312.16	15	6.08	.133		156.08		20.81
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	1		48.45	4	8.45	.067		48.45		3.23
DIALYSIS	0	0		.00	-	.00	.000		.00		.00
PATHOLOGY	1	3		12.57		4.19	.200		12.57		.84
	2	J		311.55	-	7.89	.267		103.85		20.77
RADIOLOGY	3	4		.00	,	.00	.000				.00
PSYCHIATRY	0	0							.00		
IMMUNIZATION AND INJECTION	2	6		46.48	-	7.75	.400		23.24		3.10
OTHER SERVICES/ALL X-OVERS	2	7		109.09		5.58	.467		54.55	4.	7.27
@PHARMACY	4	6 \$		150.82		5.14	.400	Ş		\$	10.05
PRESCRIPTION DRUGS	3	4		55.89	1	.3.97	.267		18.63		3.73
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	3	4		55.89	1	3.97	.267		18.63		3.73
MEDICAL SUPPLIES	1	2		94.93	4	7.47	.133		94.93		6.33
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
	0	0									
DENTURES, STAYPLATES	Ü	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	U	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES	MONTH-OF-	-PAYMENT RI	EPORT FO	R JAN	2003 THRU	DEC	2003	PA	GE 6,934
MOP024	FEE-FOR-SERVICE/										01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVI	CES FOR MEDICALLY	INDIGENT	- ADULTS -	- TOTAL						
]	TNON	HLY AVERA	GE -	
15 ELIGIBLES	USERS	UNITS OF SERVICE	EXP	ENDITURES	AVERAG	E COST	UNITS/DA	YS	COST PER	C	OST PER
		OR DAYS OF CARE			PER UN	IIT/DAY	PER ELIC	3	USER	E	LIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000		.00		.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	т	.00	.000	-	.00	7	.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	Ö		.00		.00	.000		.00		.00
	0			.00	\$.00	.000	ċ.	.00	Ċ	.00
@CHIROPRACTOR	0	- T			Ą			Ą		\$	
VISITS	•	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000	1.	.00	_	.00
@PODIATRIST	Ü	0 \$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00

@HOME HEALTH AGENCY	0	0	\$.00	Ś	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	5	\$ 2,067.84	\$	413.57	.333	\$ 2067.84	\$ 137.86
HOSP INPATIENT TOTAL	1	2	2,020.01		1010.01	.133	2020.01	134.67
HSC HOSPITALS	1	2	2,020.01		1010.01	.133	2020.01	134.67
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00	.00
ANCILLARIES	0	0	.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	1	3		47.83	15.94	.200	47.83	3.19	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	1	1		5.90	5.90	.067	5.90	.39	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
ROOM USE	1	1		31.93	31.93	.067	31.93	2.13	
CROSSOVERS/ALL OTH OUTPINT	1	1		10.00	10.00	.067	10.00	.67	
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
ROOM USE	0	0		.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES	MONTH-OF-	PAYMENT REP	ORT FOR JAN	2003 THRU DEC	2003	PAGE 6,935	
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04	
MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	MEDICALLY	INDIGENT	- ADULTS -	TOTAL				
MONTHLY AVERAGE									

						ITLI AVERAGE	
15 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	5	\$ 2,067.84	\$ 413.57	.333 \$		
COMM HOSP INPATIENT TOTAL	1	2	2,020.01	1010.01	.133	2020.01	134.67
HSC HOSPITALS	1	2	2,020.01	1010.01	.133	2020.01	134.67
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	3	47.83	15.94	.200	47.83	3.19
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	5.90	5.90	.067	5.90	.39
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	31.93	31.93	.067	31.93	2.13
CROSSOVERS/ALL OTH OUTPTNT	1	1	10.00	10.00	.067	10.00	.67
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$		
			•	,	,	,	

ICF DDH	0	0	.00		.00	.000		.00		.00
ICF DD	0	0	.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 5	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 5	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	2 5	\$ 35.60	\$	17.80	.133	\$	17.80	\$	2.37
PATHOLOGY	2	2	35.60		17.80	.133		17.80		2.37
XO AND OTHERS	0	0	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4	9 5	1,031.37	\$	114.60	.600	\$	257.84	\$	68.76
CLINIC	0	0	.00		.00	.000		.00		.00
SURGICENTER	0	0	.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4	9	1,031.37		114.60	.600		257.84		68.76
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURES	S MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU I	DEC	2003	PI	AGE 6,936
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	R MEDICALLY	Y INDIGENT - ADULTS	- TOI	AL					

MAKIFOSA COUNTI	SUMMAKI OF SERV	TCES FOR MEDICALLI	INDIGENI - ADULIS -	IOIAL			
					MON'		E
15 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00
@* TOTAL IN THECE I THE ADE	CITIENT AC A CEDAD	METER TACETANA CONTACT TOTAL	ONTE SZ •				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,937 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MARIPOSA COUNTY SUMMARY OF SERVICES FOR ALL AGED

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

2,702 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,336	110,761 \$	2,968,367.41	\$ 26.80	40.992 \$	1270.71	\$ 1098.58
@PHYSICIANS SERVICES	304	1,150 \$	11,656.68	\$ 10.14	.426 \$	38.34	\$ 4.31
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	66.44	33.22	.001	33.22	.02
EXAMINATIONS	2	2	66.44	33.22	.001	33.22	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	Ő	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	16.20	16.20	.000	16.20	.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	303	1,147	11,574.04	10.09	.425	38.20	4.28
@PHARMACY	1,937	17,406 \$	608,598.30	\$ 34.96	6.442 \$		\$ 225.24
PRESCRIPTION DRUGS	1,925	8,625	600,461.17	69.62	3.192	311.93	222.23
SNF/ICF	403	3,009	169,205.08	56.23	1.114	419.86	62.62
OUTPATIENTS	1,542	5,616	431,256.09	76.79	2.078	279.67	159.61
MEDICAL SUPPLIES	96	8,781	8,137.13	.93	3.250	84.76	3.01
@DENTIST	70	334 \$	14,050.87	\$ 42.07	.124 \$	200.73	
VISITS - DIAGNOSTIC	45	190	2,064.87	10.87	.070	45.89	.76
ORAL SURGERY	10	66	3,389.00	51.35	.024	338.90	1.25
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.04
PERIODONTICS	2	2	110.00	55.00	.001	55.00	.04
ENDODONTICS	5	5	1,011.00	202.20	.002	202.20	.37
RESTORATIVE DENTISTRY	18	55	4,466.00	81.20	.020	248.11	1.65
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	11	15	2,910.00	194.00	.006	264.55	1.08
SPACE MAINTAINERS		0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES					PAGE 6,938
MOP024	FEE-FOR-SERVICE						01/29/04
MARIPOSA COUNTY		ICES FOR ALL AGED					, , , ,
					MONT	HLY AVERA	GE
2,702 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	47	128 \$	2,649.18	\$ 20.70	.047 \$	56.37	
DIAGNOSTIC AND ANC. PROCED	21	21	961.00	45.76	.008	45.76	.36

DVD ADDITANCES	2.1	0.4	1 200 46		1 - 40	0.2.1	41 05		4.0
EYE APPLIANCES	31	84	1,300.46		15.48	.031	41.95		.48
OTHER OPTOMETRIC SERVICES	12	23	387.72		16.86	.009	32.31		.14
@CHIROPRACTOR	2	2 \$		\$	16.72	.001 \$	16.72	\$.01
VISITS	0	0	.00		.00	.000	.00		.00
OTHER SERVICES	2	2	33.44		16.72	.001	16.72		.01
@PODIATRIST	51	59 \$	191.18	\$	3.24	.022 \$		\$.07
MEDICINE/INJECTIONS	0	0	.00	~	.00	.000	.00	Τ.	.00
SURGERY/ANES.	0	0	.00		.00	.000	.00		.00
	0	0							
RADIO./PATHOLOGY	-		.00		.00	.000	.00		.00
OTHER	51	59	191.18	_	3.24	.022	3.75		.07
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	1	2 \$	13.26	\$	6.63	.001 \$	13.26	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	273	948 \$	41,077.86	\$	43.33	.351 \$	150.47	\$	15.20
HOSP INPATIENT TOTAL	28	88	22,529.65	•	256.02	.033	804.63	-	8.34
HSC HOSPITALS	0	0	.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00		.00
	0	0							
ADMINISTRATIVE DAYS	-		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00		.00
ANCILLARIES	0	0	.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	28	88	22,529.65		256.02	.033	804.63		8.34
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	250	860	18,548.21		21.57	.318	74.19		6.86
MEDICAL	0	0	.00		.00	.000	.00		.00
SURGERY	0	0	.00		.00	.000	.00		.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
	1	1	65.66		65.66	.000	65.66		.02
RADIOLOGY	0	1							
ROOM USE		0	.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT		859	18,482.55		21.52	.318	74.23	4.	6.84
@COUNTY HOSPITAL TOTAL	5	27 \$		\$	18.88	.010 \$	101.96	\$.19
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000	.00		.00
HSC HOSPITALS	0	0	.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00		.00
ANCILLARIES	0	0	.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
	0	0							
ALL OTHER INPATIENT	Ū		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	5	27	509.81		18.88	.010	101.96		.19
MEDICAL	•	0	.00		.00	.000	.00		.00
SURGERY	0	0	.00		.00	.000	.00		.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
RADIOLOGY	0	0	.00		.00	.000	.00		.00
ROOM USE	0	0	.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	5	27	509.81		18.88	.010	101.96		.19
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT	FOR JAN 2	2003 THRU DEC	2003	PA	AGE 6,939
MOP024	FEE-FOR-SERVICE								01/29/04
MARIPOSA COUNTY		ICES FOR ALL AGED							,,
THICH OUT COUNT	BOILING OF BEICVE	read ron than head				MONT	HIV VIERA	GE -	
2,702 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	7/1/2/2	AGE COST	UNITS/DAYS			COST PER
7,102 EUIGIDUES	CMECO	OR DAYS OF CARE	FVERINDITORES			PER ELIG	USER		LIGIBLE
@COMMINITTY HOSDITAL TOTAL	268	921 \$	40,568.05	\$	44.05	.341 \$	151.37		15.01
@COMMUNITY HOSPITAL TOTAL		·	•	Ą		•		Ą	
COMM HOSP INPATIENT TOTAL	28	88	22,529.65		256.02	.033	804.63		8.34
HSC HOSPITALS	0	0	.00		.00	.000	.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	28	88	22,529.65	256.02	.033	804.63	8.34
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	245	833	18,038.40	21.65	.308	73.63	6.68
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	65.66	65.66	.000	65.66	.02
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	244	832	17,972.74	21.60	.308	73.66	6.65
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	435	13,650	\$	2,152,590.59	\$	157.70	5.052	\$	4948.48	\$	796.67
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	435	13,650		2,152,590.59		157.70	5.052		4948.48		796.67
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	1	\$	244.05	\$	244.05	.000	\$	244.05	\$.09
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	1		244.05		244.05	.000		244.05		.09
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	18	48	\$	1,196.88	\$	24.94	.018	\$	66.49	\$.44
PATHOLOGY	2	4		39.15		9.79	.001		19.58		.01
XO AND OTHERS	16	44		1,157.73		26.31	.016		72.36		.43
@ORGANIZED OUTPATIENT CLINIC	605	1,095	\$	35,449.75	\$	32.37	.405	\$	58.59	\$	13.12
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	8	11		484.01		44.00	.004		60.50		.18
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	601	1,084		34,965.74		32.26	.401		58.18		12.94
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	URES I	MONTH-OF-PAYMENT RI	EPOR7	FOR JAN	2003 THRU	DEC	2003	PI	AGE 6,940
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FO	R ALL A	.GED								
								~		~-	

----- MONTHLY AVERAGE -----2,702 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE @ALL OTHER PROVIDERS 592 75,938 100,615.37 1.32 28.104 \$ 169.96 \$ 37.24 \$ DURABLE MED. EQUIP. 17 109 13,654.79 125.27 .040 803.22 5.05 BLOOD BANK 0 0 .00 .00 .000 .00 .00 29 14,116.53 320.83 .016 486.78 HEARING AID DISPENSERS 44 5.22 MEDICAL TRANSPORTATION 1,875 7,062.40 3.77 .694 141.25 2.61 AMBULANCES/AIR TRANS 8 190 1,503.38 7.91 .070 187.92 .56 34 1,402 4,922.03 3.51 144.77 1.82 OTHER TRANS .519 OTHER SERVICES 10 283 636.99 2.25 .105 63.70 .24 ACUPUNCTURE 0 0 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR 2 288.63 72.16 .001 144.32 .11 GENETIC DISEASE TESTING 0 0 .00 .00 .000 .00 .00 28,496.97 70.89 290.79 IHMC, MODEL-NF, NF, AIDS, MSSP 98 402 .149 10.55 OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 .00 OPTICIAN 153 3,785.33 24.74 .057 61.05 1.40 PHYSICAL THERAPIST 0 0 .00 .00 .000 .00 .00 13 71.00 5.46 17.75 .03 PORTABLE X-RAY .005 20 394.28 19.71 .007 49.29 PROSTHETIST/ORTHOTISTS .15 49.29 PROSTHETICS 20 394.28 19.71 .007 .15 .000 ORTHOTICS 0 .00 .00 .00 .00

.00

.00

.00

.00

.00

.00

.00

1,266.38

.00

.00

.00

.00

.00

.00

.00

79.15

.000

.006

.000

.000

.000

.000

.000

.000

.00

.00

.00

.00

.00

.00

.00

158.30

.00

.47

.00

.00

.00

.00

.00

.00

0

0

0

0

16

PSYCHOLOGIST

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES

RESPIRATORY CARE PRACT.

EPSDT SUPPLEMENTAL SERVICE

PED SUBACUTE REHAB/WEANING

HOSPICE SERVICES

ALL OTHER PROVIDERS 379 73,302 31,479.06 .43 27.129 83.06 @CALIF. CHILDREN SERVICES* 1 1 \$ 20.00 \$ 20. 11.65 .01 38.35

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

01/29/04 MARIPOSA COUNTY SUMMARY OF SERVICES FOR ALL BLIND MONTHITY ATTENANT

PAGE 6,941

							M	ONTHI	LY AVERA	GE ·	
157 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVER!	AGE COST	UNITS/DAY	S CC	OST PER	(COST PER
		OR DAYS OF CARE	:		PER (PER ELIG		USER]	ELIGIBLE
@TOTAL, ALL PROVIDERS	117	14,184	\$	99,649.14	\$	7.03	90.344		851.70	\$	634.71
@PHYSICIANS SERVICES	18	34	\$	2,209.52	\$	64.99	.217	\$	122.75	\$	14.07
OUTPATIENT VISITS	4	4		197.06		49.27	.025		49.27		1.26
OFFICE VISITS	3	3		145.80		48.60	.019		48.60		.93
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	1	1		51.26		51.26	.006		51.26		.33
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	2	3		102.80		34.27	.019		51.40		.65
EXAMINATIONS	2	3		102.80		34.27	.019		51.40		.65
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	1	1		186.15	1	186.15	.006		186.15		1.19
PRINCIPAL SURGEON	1	1		186.15		186.15	.006		186.15		1.19
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	3	3		988.94	3	329.65	.019		329.65		6.30
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	10	23		734.57		31.94	.146		73.46		4.68
@PHARMACY	92	12,050	\$	46,382.75	\$	3.85	76.752	\$	504.16	\$	295.43
PRESCRIPTION DRUGS	92	526		42,207.08	•	80.24	3.350		458.77		268.83
SNF/ICF	3	47		3,345.34		71.18	.299	1	1115.11		21.31
OUTPATIENTS	89	479		38,861.74		81.13	3.051		436.65		247.53
MEDICAL SUPPLIES	20	11,524		4,175.67		.36	73.401		208.78		26.60
@DENTIST	9	40	\$	1,779.25	\$	44.48	.255	\$	197.69	\$	11.33
VISITS - DIAGNOSTIC	6	23		410.00		17.83	.146		68.33		2.61
ORAL SURGERY	1	1		45.00		45.00	.006		45.00		.29
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	2		400.00	2	200.00	.013		400.00		2.55
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	2	4		184.00		46.00	.025		92.00		1.17
PROSTHETICS	2	2		60.00		30.00	.013		30.00		.38
DENTURES, STAYPLATES	2	6		434.16		72.36	.038		217.08		2.77
SPACE MAINTAINERS	1	1		120.00	1	120.00	.006		120.00		.76
MAXILLOFACIAL SERVICES	1	1		126.09	1	126.09	.006		126.09		.80
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00

ORTHODONTIC SERVICES ALL OTHER SERVICES

0 0 0

.00

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

.00

.000

.000

.00

#CALIF DEPT OF HEALTH SERV MOP024

FEE-FOR-SERVICE/DENTAL

PAGE 6,942 01/29/04

.00

.00

MARIPOSA COUNTY SUMMARY OF SERVICES FOR ALL BLIN	MARIPOSA (COUNTY	SUMMARY	OF	SERVICES	FOR	ALL	BLINI
--	------------	--------	---------	----	----------	-----	-----	-------

							M	ONT	HLY AVERA	GE	
157 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST					COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	3	5	\$	137.75	\$	27.55	.032		45.92	\$.88
DIAGNOSTIC AND ANC. PROCED	2	2	•	94.90	•	47.45	.013		47.45		.60
EYE APPLIANCES	1	3		42.85		14.28	.019		42.85		.27
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
VISITS	0	0	т	.00	т.	.00	.000	т.	.00	т	.00
OTHER SERVICES	0			.00		.00	.000		.00		.00
@PODIATRIST	3	0 5	\$	59.53	\$	11.91	.032	Ś	19.84	Ś	.38
MEDICINE/INJECTIONS	0	0	τ	.00	т	.00	.000	~	.00	Ψ.	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	3	5		59.53		11.91	.032		19.84		.38
@HOME HEALTH AGENCY	6	740	\$	21,859.52	\$	29.54	4.713	Ċ	3643.25	\$	139.23
NURSE ANESTHESIST	1	8	\$	136.87	\$	17.11	.051	Ġ	136.87	\$.87
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	Ģ	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	<u>ن</u> ب	.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	ب ب	.00	\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	22	49	بې د	3,088.21	۶ \$	63.02	.312		140.37	۶ \$	19.67
HOSP INPATIENT TOTAL	3	49	Ą	2,520.00	Ą	630.00	.025	Ą	840.00	Ą	16.05
	3	0					.025		.00		.00
HSC HOSPITALS NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
	0	0									
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	3	4 0		2,520.00		630.00	.025		840.00		16.05
ALL OTHER INPATIENT	-			.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	20	45		568.21		12.63	.287		28.41		3.62
MEDICAL	4	4		96.66		24.17	.025		24.17		.62
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	6	15		141.41		9.43	.096		23.57		.90
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	2		62.00		31.00	.013		31.00		.39
CROSSOVERS/ALL OTH OUTPTNT	11	24		268.14		11.17	.153		24.38		1.71
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00

CROSSOVERS/ALL OTH OUTPTNT 0 .000 .00 0 .00 .00

.00

01/29/04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,943 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024	FEE-FOR-SERVICE										01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	VICES FOR ALL BLI	ND				24			aп	
150 51 50 50	Hanna								HLY AVERA	ŒĔ	
157 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER		COST PER
COMMUNITARY HOODITERS TOTAL	0.0	OR DAYS OF CARE		2 000 01		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	22	49	\$	3,088.21	\$	63.02	.312	Ş	140.37	Ş	19.67
COMM HOSP INPATIENT TOTAL	3	4		2,520.00		630.00	.025		840.00		16.05
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	3	4		2,520.00		630.00	.025		840.00		16.05
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	20	45		568.21		12.63	.287		28.41		3.62
MEDICAL	4	4		96.66		24.17	.025		24.17		.62
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	6	15		141.41		9.43	.096		23.57		.90
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	2		62.00		31.00	.013		31.00		.39
CROSSOVERS/ALL OTH OUTPTNT	11	24		268.14		11.17	.153		24.38		1.71
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	80	\$	9,562.95	\$	119.54	.510	\$	9562.95	\$	60.91
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	80		9,562.95		119.54	.510		9562.95		60.91
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00	·	.00	.000	·	.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00		.00	.000	•	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	Ġ	.00
HOSPITAL BASED	0	0	т	.00	-	.00	.000	т.	.00	т.	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	32	\$	397.62	\$	12.43	.204	Ś	66.27	Ś	2.53
PATHOLOGY	5	29	τ.	386.85	τ	13.34	.185	τ.	77.37	Ψ.	2.46
XO AND OTHERS	1	3		10.77		3.59	.019		10.77		.07
@ORGANIZED OUTPATIENT CLINIC	28	35	\$	2,044.96	\$	58.43		\$	73.03	Ś	13.03
CLINIC	0	0	٧	.00	٧	.00	.000	~	.00	٧	.00
SURGICENTER	1	5		283.08		56.62	.032		283.08		1.80
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	27	30		1,761.88			.191		65.25		11.22
#CALIF DEPT OF HEALTH SERV			רכ ו	MONTH-OF-PAYMENT RI				חשר		т	PAGE 6,944
MOP024	FEE-FOR-SERVICE		ו כים	MONIII-OF-PAIMENT KI	EFOR.	I FOR UAN A	2003 11110	טייכ	. 2003		01/29/04
MARIPOSA COUNTY		IDENIAL ICES FOR ALL BLI	MD								01/29/04
HAKTIODA COUNTI	DOMMAN OF SERV	TORD FOR ALL BLIL	LVID				N	דיזו	HLY AVERA	CF	
157 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Z\ 7.71	ERAGE COST				יינטי	COST PER
TO! FITGIDIES	CAACU	OR DAYS OF CARE		FVERNDTIOKED		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	34	1,106		11,990.21	\$	10.84	7.045		352.65	Ġ	76.37
GITT OTHER EKOATDERS	34	1,100	Y	11,990.21	ų	10.01	7.043	ų	222.03	ų	10.31

DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	10	243.41	24.34	.064	81.14	1.55
AMBULANCES/AIR TRANS	2	4	202.91	50.73	.025	101.46	1.29
OTHER TRANS	1	6	40.50	6.75	.038	40.50	.26
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	20	65	5,367.56	82.58	.414	268.38	34.19
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	7	84.35	12.05	.045	28.12	.54
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00		.00	.000	.00	.00
ORTHOTICS	0	0	.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	4	780.82	19	5.21	.025	260.27	4.97
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	8	978	4,865.21		4.97	6.229	608.15	30.99
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	10	42	648.86	1	5.45	.268	64.89	4.13
@CALIF. CHILDREN SERVICES*	3	147	\$ 1,250.39	\$	8.51	.936	\$ 416.80	\$ 7.96
@XOVER EXCLUDING STATE HOSP**	39	7,633	\$ 5,271.66	\$.69	48.618	\$ 135.17	\$ 33.58

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,945

01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL
MARIPOSA COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

							M	TNC	HLY AVERA	.GE	
5,036 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	4,337	188,055	\$	3,159,611.14	\$	16.80	37.342	\$	728.52	\$	627.40
@PHYSICIANS SERVICES	1,002	4,520	\$	154,161.70	\$	34.11	.898	\$	153.85	\$	30.61
OUTPATIENT VISITS	246	326		14,965.97		45.91	.065		60.84		2.97
OFFICE VISITS	151	203		8,296.53		40.87	.040		54.94		1.65
HOME VISITS	1	1		68.62		68.62	.000		68.62		.01
EMERGENCY ROOM	63	72		4,688.01		65.11	.014		74.41		.93
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	43	50		1,912.81		38.26	.010		44.48		.38
INPATIENT VISITS	79	283		12,572.09		44.42	.056		159.14		2.50
HOSPITAL VISITS	69	265		11,760.69		44.38	.053		170.44		2.34
CRITICAL CARE	2	3		364.80		121.60	.001		182.40		.07
SNF/ICF/TRANS IP CARE	10	15		446.60		29.77	.003		44.66		.09
OPHTHALMOLOGICAL SERVICES	18	19		906.79		47.73	.004		50.38		.18
EXAMINATIONS	18	19		906.79		47.73	.004		50.38		.18
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	44	380		23,555.96		61.99	.075		535.36		4.68
PRINCIPAL SURGEON	27	48		19,084.08		397.59	.010		706.82		3.79
ASSISTANT SURGEON	3	3		369.32		123.11	.001		123.11		.07
ANESTHESIOLOGIST	19	329		4,102.56		12.47	.065		215.92		.81
OUTPATIENT SURGERY	74	213		19,474.68		91.43	.042		263.17		3.87
PRINCIPAL SURGEON	66	99		16,740.57		169.10	.020		253.65		3.32
ASSISTANT SURGEON	3	3		418.10		139.37	.001		139.37		.08
ANESTHESIOLOGIST	15	111		2,316.01		20.86	.022		154.40		.46
DIALYSIS	12	27		3,366.75		124.69	.005		280.56		.67
PATHOLOGY	105	413		4,922.03		11.92	.082		46.88		.98
RADIOLOGY	363	777		37,303.89		48.01	.154		102.77		7.41
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	20	278		7,484.77		26.92	.055		374.24		1.49
OTHER SERVICES/ALL X-OVERS	445	1,804		29,608.77		16.41	.358		66.54		5.88
@PHARMACY	3,613	44,274	\$	1,477,824.35	\$	33.38	8.792	\$	409.03	\$	293.45
PRESCRIPTION DRUGS	3,581	16,316	•	1,437,861.58	•	88.13	3.240		401.53		285.52
SNF/ICF	89	698		48,667.22		69.72	.139		546.82		9.66
OUTPATIENTS	3,500	15,618		1,389,194.36		88.95	3.101		396.91		275.85
MEDICAL SUPPLIES	284	27,958		39,962.77		1.43	5.552		140.71		7.94
@DENTIST	226	•	\$		\$.219	\$	229.84	\$	10.31
VISITS - DIAGNOSTIC	152	631		8,343.00	•	13.22	.125	•	54.89	•	1.66
ORAL SURGERY	40	157		8,384.00		53.40	.031		209.60		1.66
				•							

DRUGS	2		9	135.00	15.00	.002	67.50	.03
ANESTHESIA	4		5	500.00	100.00	.001	125.00	.10
PERIODONTICS	13		18	2,111.00	117.28	.004	162.38	.42
ENDODONTICS	17		30	8,021.00	267.37	.006	471.82	1.59
RESTORATIVE DENTISTRY	62		192	16,268.00	84.73	.038	262.39	3.23
PROSTHETICS	1		1	30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	13		45	7,032.00	156.27	.009	540.92	1.40
SPACE MAINTAINERS	1		1	120.00	120.00	.000	120.00	.02
MAXILLOFACIAL SERVICES	2		2	210.15	105.08	.000	105.08	.04
FRACTURES, DISLOCATIONS	0		0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	9		10	790.00	79.00	.002	87.78	.16
ALL OTHER SERVICES	1		1	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EX	PENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JA	N 2003 THRU I	DEC 2003	PAGE 6,946
MOP024	FEE-FOR-SERVICE	/DENTAL						01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR	ALL DISABI	iED				
						MC	NTHLY AVERA	GE
5,036 ELIGIBLES	USERS	UNITS OF	SERVICE	EXPENDITURES	AVERAGE CO	ST UNITS/DAYS	COST PER	COST PER

									HLY AVERA	
5,036 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CARE			PE:	R UNIT/DAY			USER	ELIGIBLE
@OPTOMETRIST	78	219	\$	4,644.03	\$	21.21	.043	\$	59.54	\$.92
DIAGNOSTIC AND ANC. PROCED	41	41		1,874.55		45.72	.008		45.72	.37
EYE APPLIANCES	54	163		2,422.22		14.86	.032		44.86	.48
OTHER OPTOMETRIC SERVICES	8	15		347.26		23.15	.003		43.41	.07
@CHIROPRACTOR	17	30	\$	501.60	\$	16.72	.006	\$	29.51	\$.10
VISITS	17	30		501.60		16.72	.006		29.51	.10
OTHER SERVICES	0	0		.00		.00	.000		.00	.00
@PODIATRIST	40	46	\$	855.47	\$	18.60	.009	\$	21.39	\$.17
MEDICINE/INJECTIONS	11	11		270.20		24.56	.002		24.56	.05
SURGERY/ANES.	0	0		.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	.00
OTHER	29	35		585.27		16.72	.007		20.18	.12
@HOME HEALTH AGENCY	13	54	\$	3,527.91	\$	65.33	.011	\$	271.38	\$.70
NURSE ANESTHESIST	4	28	\$	206.86	\$	7.39	.006	\$	51.72	\$.04
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	2	\$	40.26	\$	20.13	.000	\$	20.13	\$.01
@TOTAL HOSPITAL	841	5,147	\$	576,476.12	\$	112.00	1.022	\$	685.47	\$ 114.47
HOSP INPATIENT TOTAL	86	528	•	457,621.40	-	866.71	.105		5321.18	90.87
HSC HOSPITALS	41	283		311,677.00		1101.33	.056		7601.88	61.89
NON-HSC HOSPITAL TOTAL	22	69		107,303.38		1555.12	.014		4877.43	21.31
ACCOMMODATIONS	22	69		31,595.06		457.90	.014		1436.14	6.27
ADMINISTRATIVE DAYS	1	2		462.60		231.30	.000		462.60	.09
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
ALL OTHER ACCOM	21	67		31,132.46		464.66	.013		1482.50	6.18
ANCILLARIES	22	0		75,708.32		.00	.000		3441.29	15.03
INPATIENT CROSSOVERS	23	176		38,641.02		219.55	.035		1680.04	7.67
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	790	4,619		118,854.72		25.73	.917		150.45	23.60
MEDICAL	323	713		26,359.34		36.97	.142		81.61	5.23
SURGERY	66	66		6,030.43		91.37	.013		91.37	1.20
PATHOLOGY	262	1,443		16,440.54		11.39	.287		62.75	3.26
RADIOLOGY	236	349		25,063.66		71.82	.069		106.20	4.98
ROOM USE	364	518		22,157.29		42.77	.103		60.87	4.40
CROSSOVERS/ALL OTH OUTPINT	435	1,530		22,803.46		14.90	.304		52.42	4.53
@COUNTY HOSPITAL TOTAL	63	415	\$	32,038.77	\$	77.20	.082	\$	508.55	\$ 6.36
CO HOSPITAL INPATIENT TOTAL	4	24	•	21,960.00	-	915.00	.005		5490.00	4.36
HSC HOSPITALS	4	24		21,960.00		915.00	.005		5490.00	4.36
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	59	391	10,078.77	25.78	.078	170.83	2.00
MEDICAL	17	23	627.65	27.29	.005	36.92	.12
SURGERY	8	8	499.80	62.48	.002	62.48	.10
PATHOLOGY	28	141	1,534.69	10.88	.028	54.81	.30
RADIOLOGY	21	34	3,625.30	106.63	.007	172.63	.72
ROOM USE	26	36	1,791.99	49.78	.007	68.92	.36
CROSSOVERS/ALL OTH OUTPTNT	29	149	1,999.34	13.42	.030	68.94	.40
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES 1	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 6,947
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	R ALL DISABL	ED				
					MONTI	HLY AVERA	GE
E 026 FF FGTDI FG						~~~	~~~

						MO	NTHLY AVERA	AGE	
5,036 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	796	4,732	\$	544,437.35	\$ 115.05	.940	\$ 683.97	\$	108.11
COMM HOSP INPATIENT TOTAL	82	504		435,661.40	864.41	.100	5312.94		86.51
HSC HOSPITALS	37	259		289,717.00	1118.60	.051	7830.19		57.53
NON-HSC HOSPITALS TOTAL	22	69		107,303.38	1555.12	.014	4877.43		21.31
ACCOMMODATIONS	22	69		31,595.06	457.90	.014	1436.14		6.27
ADMINISTRATIVE DAYS	1	2		462.60	231.30	.000	462.60		.09
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	21	67		31,132.46	464.66	.013	1482.50		6.18
ANCILLARIES	22	0		75,708.32	.00	.000	3441.29		15.03
INPATIENT CROSSOVERS	23	176		38,641.02	219.55	.035	1680.04		7.67
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	745	4,228		108,775.95	25.73	.840	146.01		21.60
MEDICAL	309	690		25,731.69	37.29	.137	83.27		5.11
SURGERY	58	58		5,530.63	95.36	.012	95.36		1.10
PATHOLOGY	236	1,302		14,905.85	11.45	.259	63.16		2.96
RADIOLOGY	216	315		21,438.36	68.06	.063	99.25		4.26
ROOM USE	343	482		20,365.30	42.25	.096	59.37		4.04
CROSSOVERS/ALL OTH OUTPTNT	409	1,381		20,804.12	15.06	.274	50.87		4.13
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		\$.00
MENTALLY ILL	0	0	•	.00	.00	.000	.00	•	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	79	2,068	\$	330,500.65	\$ 159.82	.411	\$ 4183.55	\$	65.63
LEV A-INTERMEDIATE	0	0	•	.00	.00	.000	.00	·	.00
LEV B-REHAB MD	8	226		27,330.18	120.93	.045	3416.27		5.43
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	71	1,842		303,170.47	164.59	.366	4270.01		60.20
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	42	1,342	\$	53,158.69	\$ 39.61	.266	\$ 1265.68	\$	10.56
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	42	1,342		53,158.69	39.61	.266	1265.68		10.56
@REHABILITATION FACILITY	10	56	\$	1,344.74	\$ 24.01	.011	\$ 134.47	\$.27
HOSPITAL BASED	10	56		1,344.74	24.01	.011	134.47		.27
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	248	937	\$	12,371.84	\$ 13.20	.186	\$ 49.89	\$	2.46
PATHOLOGY	232	908		12,054.83	13.28	.180	51.96		2.39
XO AND OTHERS	16	29		317.01	10.93	.006	19.81		.06
@ORGANIZED OUTPATIENT CLINIC	1,819	3,312	\$	271,511.71	\$ 81.98	.658		\$	53.91
CLINIC	21	67		1,520.43	22.69	.013	72.40		.30

1,768.15 50.52 .007 136.01 .35 SURGICENTER 13 35 HEROIN DETOX CLINIC 0 0 .00 .00 .000 .00 .00 1,800 RURAL HEALTH CLINIC 3,210 268,223.13 83.56 .637 149.01 53.26 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,948 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MARIPOSA COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

MONTHIT V ATTEDACE

01/29/04

					MC	NTHLY AVERA	GE -	
5,036 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@ALL OTHER PROVIDERS	876	124,918	\$ 220,541.06	\$ 1.77	24.805	\$ 251.76	\$	43.79
DURABLE MED. EQUIP.	103	323	56,903.60	176.17	.064	552.46		11.30
BLOOD BANK	0	0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	13	25	5,037.08	201.48	.005	387.47		1.00
MEDICAL TRANSPORTATION	148	3,595	47,809.81	13.30	.714	323.04		9.49
AMBULANCES/AIR TRANS	122	2,603	30,674.86	11.78	.517	251.43		6.09
OTHER TRANS	20	678	1,872.87	2.76	.135	93.64		.37
OTHER SERVICES	17	314	15,262.08	48.61	.062	897.77		3.03
ACUPUNCTURE	0	0	.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	20	391	26,952.71	68.93	.078	1347.64		5.35
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	16	50	4,576.22	91.52	.010	286.01		.91
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		.00
OPTICIAN	97	246	3,066.13	12.46	.049	31.61		.61
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		.00
PORTABLE X-RAY	3	12	185.01	15.42	.002	61.67		.04
PROSTHETIST/ORTHOTISTS	23	43	3,041.49	70.73	.009	132.24		.60
PROSTHETICS	12	30	2,442.63	81.42	.006	203.55		.49
ORTHOTICS	11	13	598.86	46.07	.003	54.44		.12
PSYCHOLOGIST	0	0	.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	3	6	329.39	54.90	.001	109.80		.07
HOSPICE SERVICES	0	0	13.32	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	100	6,077	24,358.99	4.01	1.207	243.59		4.84
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	423	114,150	48,267.31	.42	22.667	114.11		9.58
@CALIF. CHILDREN SERVICES*	70	2,391	\$ 51,220.61	\$ 21.42	.475	\$ 731.72	\$	10.17
@XOVER EXCLUDING STATE HOSP**	752	8,379	\$ 137,252.23	\$ 16.38	1.664	\$ 182.52	\$	27.25
○★ MOMATO THE MURGE TIMES ARE STUT	NT NO N OFFER	NOT TATE OF A TOTAL TO	 OBTT 37 .					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,949 FEE-FOR-SERVICE/DENTAL

MARIPOSA COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

						MOI	NTHLY AVERA	GE
17,803 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	8,813	46,729	\$	2,563,008.84	\$ 54.85	2.625	\$ 290.82	\$ 143.96
@PHYSICIANS SERVICES	1,908	5,678	\$	266,256.87	\$ 46.89	.319	\$ 139.55	\$ 14.96
OUTPATIENT VISITS	749	1,086		47,950.27	44.15	.061	64.02	2.69
OFFICE VISITS	364	447		16,989.78	38.01	.025	46.68	.95
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	208	269		15,065.63	56.01	.015	72.43	.85
PREVENTIVE CARE	4	4		210.10	52.53	.000	52.53	.01
OB VISITS/COMPRE PERI	112	269		12,905.65	47.98	.015	115.23	.72
OTHER OUTPATIENT	92	97		2,779.11	28.65	.005	30.21	.16
INPATIENT VISITS	113	247		17,927.22	72.58	.014	158.65	1.01
HOSPITAL VISITS	105	186		9,189.07	49.40	.010	87.51	.52
CRITICAL CARE	12	61		8,738.15	143.25	.003	728.18	.49

SNF/ICF/TRANS IP CARE	Ω	0	.00	.00	.000	.00	.00
	2.2	25					
OPHTHALMOLOGICAL SERVICES	33	35	1,597.45	45.64	.002	48.41	.09
EXAMINATIONS	33	35	1,597.45	45.64	.002	48.41	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	110	581	57,608.16	99.15	.033	523.71	3.24
PRINCIPAL SURGEON	75	103	45,285.44	439.66	.006	603.81	2.54
ASSISTANT SURGEON	14	14	2,496.52	178.32	.001	178.32	.14
ANESTHESIOLOGIST	39	464	9,826.20	21.18	.026	251.95	.55
OUTPATIENT SURGERY	202	602	41,698.41	69.27	.034	206.43	2.34
PRINCIPAL SURGEON	163	236	32,731.56	138.69	.013	200.81	1.84
ASSISTANT SURGEON	3	3	441.72	147.24	.000	147.24	.02
ANESTHESIOLOGIST	69	363	8,525.13	23.49	.020	123.55	.48
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	176	538	4,087.96	7.60	.030	23.23	.23
RADIOLOGY	957	1,382	48,820.36	35.33	.078	51.01	2.74
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	37	643		31,451.55		48.91	.036	850.04		1.77
OTHER SERVICES/ALL X-OVERS	224	564		15,115.49		26.80	.032	67.48		.85
@PHARMACY	4,327	10,458	\$	629,813.06	Ś	60.22	.587 \$		\$	35.38
PRESCRIPTION DRUGS	4,320	10,328	Ψ	625,768.18	Υ	60.59	.580	144.85	τ	35.15
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	4,320	10,328		625,768.18		60.59	.580	144.85		35.15
MEDICAL SUPPLIES	48	130		4,044.88		31.11	.007	84.27		.23
@DENTIST	783	4,080	\$	156,540.66	\$	38.37	.229		\$	8.79
VISITS - DIAGNOSTIC	504	2,451	•	35,740.65		14.58	.138	70.91	•	2.01
ORAL SURGERY	116	281		19,533.00		69.51	.016	168.39		1.10
DRUGS	9	27		365.00		13.52	.002	40.56		.02
ANESTHESIA	25	28		2,400.00		85.71	.002	96.00		.13
PERIODONTICS	19	18		1,866.00		103.67	.001	98.21		.10
ENDODONTICS	91	182		25,639.00		140.87	.010	281.75		1.44
RESTORATIVE DENTISTRY	269	894		55,736.00		62.34	.050	207.20		3.13
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	13	51		3,092.00		60.63	.003	237.85		.17
SPACE MAINTAINERS	9	12		1,368.00		114.00	.001	152.00		.08
MAXILLOFACIAL SERVICES	26	27		2,966.01		109.85	.002	114.08		.17
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	71	84		7,535.00		89.70	.005	106.13		.42
ALL OTHER SERVICES	30	25		300.00		12.00	.001	10.00		.02
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES MOI	NTH-OF-PAYMENT R	REPOR'	r for Jan :	2003 THRU DE	EC 2003		E 6,950
MOP024	FEE-FOR-SERVICE									01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR ALL FAM	ILIES							
								ITHLY AVERA	_	
17,803 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	COST PER		ST PER
		OR DAYS OF CARE					PER ELIG	USER		IGIBLE
@OPTOMETRIST	192	461	\$	11,452.21	\$	24.84	.026 \$		\$.64
DIAGNOSTIC AND ANC. PROCED	139	139		6,495.16		46.73	.008	46.73		.36
EYE APPLIANCES	109	302		3,812.11		12.62	.017	34.97		.21
OTHER OPTOMETRIC SERVICES	21	20		1,144.94		57.25	.001	54.52		.06
@CHIROPRACTOR	62	92	\$	1,525.70	\$	16.58	.005 \$	24.61	\$.09

17,803 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	ERAGE COST			COST PER		COST PER
		OR DAYS OF CAR		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	192	461	\$ 11,452.21	\$ 24.84	.026	Ş	59.65	Ş	.64
DIAGNOSTIC AND ANC. PROCED	139	139	6,495.16	46.73	.008		46.73		.36
EYE APPLIANCES	109	302	3,812.11	12.62	.017		34.97		.21
OTHER OPTOMETRIC SERVICES	21	20	1,144.94		.001		54.52		.06
@CHIROPRACTOR	62	92	\$ 1,525.70	\$ 16.58	.005	\$	24.61	\$.09
VISITS	62	92	1,525.70	16.58	.005		24.61		.09
OTHER SERVICES	0	0	.00	.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00		.00
SURGERY/ANES.	0	0	.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00		.00
OTHER	0	0	.00	.00	.000		.00		.00
@HOME HEALTH AGENCY	13	18	\$ 929.53	\$ 51.64	.001	\$	71.50	\$.05
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	1	1	\$ 57.20	\$ 57.20	.000	\$	57.20	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$ 57.20	\$ 57.20	.000	\$	57.20	\$.00
@TOTAL HOSPITAL	1,907	8,623	\$ 700,236.42	\$ 81.21	.484	\$	367.19	\$	39.33
HOSP INPATIENT TOTAL	113	332	453,928.51	1367.25	.019		4017.07		25.50
HSC HOSPITALS	99	297	404,720.47	1362.70	.017		4088.09		22.73
NON-HSC HOSPITAL TOTAL	15	35	49,208.04	1405.94	.002		3280.54		2.76
ACCOMMODATIONS	15	35	21,150.40	604.30	.002		1410.03		1.19
ADMINISTRATIVE DAYS	1	1	231.30	231.30	.000		231.30		.01
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00		.00
ALL OTHER ACCOM	14	34	20,919.10	615.27	.002		1494.22		1.18
ANCILLARIES	15	0	28,057.64	.00	.000		1870.51		1.58
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,835	8,291	246,307.91	29.71	.466		134.23		13.84
MEDICAL	1,167	1,628	75,331.94	46.27	.091		64.55		4.23
SURGERY	169	193	12,920.03	66.94	.011		76.45		.73
PATHOLOGY	559	2,257	23,038.83	10.21	.127		41.21		1.29

DADTOLOGY	566	770	42 126 00	56.02	0.4.2	76.21	2.42
RADIOLOGY			43,136.80 69,168.26	39.50	.043	52.80	2.42 3.89
ROOM USE	1,310 749	1,751			.098		1.28
CROSSOVERS/ALL OTH OUTPTNT		1,692	22,712.05	13.42	.095	30.32	
@COUNTY HOSPITAL TOTAL	105	535 \$	41,667.74	\$ 77.88	.030 \$	396.84	
CO HOSPITAL INPATIENT TOTAL	8	32	29,125.00	910.16	.002	3640.63	1.64
HSC HOSPITALS	8	32	29,125.00	910.16	.002	3640.63	1.64
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0 0 0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	100	503	12,542.74	24.94	.028	125.43	.70
MEDICAL	31	40	1,083.01	27.08	.002	34.94	.06
SURGERY	13	16	384.62	24.04	.001	29.59	.02
PATHOLOGY	32	120	1,267.58	10.56	.007	39.61	.07
RADIOLOGY	33	47	3,209.87	68.30	.003	97.27	.18
ROOM USE	67	92	4,155.70	45.17	.005	62.03	.23
CROSSOVERS/ALL OTH OUTPTNT	49	188	2,441.96	12.99	.011	49.84	.14
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	TH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 6,951
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR ALL FAMILIES					
					MONT	THLY AVERA	GE
17,803 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,836	8,088 \$	658,568.68	\$ 81.43	.454 \$	358.70	\$ 36.99
COMM HOSP INPATIENT TOTAL	106	300	424,803.51	1416.01	.017	4007.58	23.86
HSC HOSPITALS	91	265	375,595.47	1417.34	.015	4127.42	21.10
NON-HSC HOSPITALS TOTAL	15	35	49,208.04	1405.94	.002	3280.54	2.76
ACCOMMODATIONS	15	35	21,150.40	604.30	.002	1410.03	1.19
ADMINISTRATIVE DAYS	1	35 1 0 34 0	231.30	231.30	.000	231.30	.01
TRANSITIONAL IP CARE	0	0 34	.00	.00	.000	.00	.00
ALL OTHER ACCOM	14	34	20,919.10	615.27	.002	1494.22	1.18
ANCILLARIES	15	0	28,057.64	.00	.000	1870.51	1.58
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
					.437	132.37	13.13
COMM HOSP OUTPATTENT TOTAL	1 766	7 788	233 765 17	30 02			
COMM HOSP OUTPATIENT TOTAL	1,766 1 148	7,788 1,588	233,765.17	30.02 46.76			
MEDICAL	1,148	1,588	74,248.93	46.76	.089	64.68	4.17
MEDICAL SURGERY	1,148 157	1,588 177	74,248.93 12,535.41	46.76 70.82	.089 .010	64.68 79.84	4.17 .70
MEDICAL SURGERY PATHOLOGY	1,148 157 533	1,588 177 2,137	74,248.93 12,535.41 21,771.25	46.76 70.82 10.19	.089 .010 .120	64.68 79.84 40.85	4.17 .70 1.22
MEDICAL SURGERY PATHOLOGY RADIOLOGY	1,148 157 533 534	1,588 177 2,137 723	74,248.93 12,535.41 21,771.25 39,926.93	46.76 70.82 10.19 55.22	.089 .010 .120 .041	64.68 79.84 40.85 74.77	4.17 .70 1.22 2.24
MEDICAL SURGERY PATHOLOGY	1,148 157 533	1,588 177 2,137	74,248.93 12,535.41 21,771.25	46.76 70.82 10.19	.089 .010 .120	64.68 79.84 40.85	4.17 .70 1.22

0

0

0

0

0

0

0

0

0

0

0

0

.00

.00

.00

.00

.00

.00

.00

.00

2.98

.00

.00

.00

.00

.00

2.98

\$

\$

\$

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.000 \$

.000 \$

.000

.000

.000

.000

.000

.000

.000

.000

.000

.000

.000

.000 \$

.000 \$

.00 \$

.00

.00

2.98

.00

.00

.00

.00

.00

2.98

.00

.00

.00

.00

.00 \$

\$

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

0

0

0

0

0

0

0

0

0

@STATE HOSPITAL

MENTALLY ILL

@NURSING FACILITY

LEV B-REHAB MD

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

ICF DDH

ICF DD

DEVELOP. DISABLED

LEV A-INTERMEDIATE

LEV B-SUBACUTE FREESTANDING

LEV B-SUBACUTE HSPTL BASED

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

HOSPITAL BASED	Λ	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	4	10	Ś	425.57	Ś	42.56		\$	106.39	Ś	.02
HOSPITAL BASED	4	10		425.57	•	42.56	.001	•	106.39	•	.02
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	553	1,517	\$	25,023.56	\$	16.50	.085	\$	45.25	\$	1.41
PATHOLOGY	551	1,513		24,951.59		16.49	.085		45.28		1.40
XO AND OTHERS	3	4		71.97		17.99	.000		23.99		.00
@ORGANIZED OUTPATIENT CLINIC	3,925	6,263	\$	684,577.32	\$	109.31	.352	\$	174.41	\$	38.45
CLINIC	56	185		5,255.45		28.41	.010		93.85		.30
SURGICENTER	66	315		12,862.67		40.83	.018		194.89		.72
HEROIN DETOX CLINIC	1	5		73.00		14.60	.000		73.00		.00
RURAL HEALTH CLINIC	3,832	5,758		666,386.20		115.73	.323		173.90		37.43
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES M	ONTH-OF-PAYMENT I	REPORT	r for Jan	2003 THRU	DEC	2003	PI	AGE 6,952
MOP024	FEE-FOR-SERVICE/D	ENTAL									01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVIC	ES FOR ALL FA	MILIE	S							
							M	HTMC	LY AVERA	GE -	
17,803 ELIGIBLES	USERS U	NITS OF SERVIC	E	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S C	OST PER		COST PER

17,803 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CAR		EXPENDITURES	AVERAGE COST PER UNIT/DAY	,	COST PER USER		COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,027	9,527	\$	86,110.56	\$ 9.04	.535			4.84
DURABLE MED. EQUIP.	22	39	Ų	4,333.80	111.12	.002	196.99	Y	.24
BLOOD BANK	0	0		.00	.00	.002	.00		.00
HEARING AID DISPENSERS	1	2		50.00	25.00	.000	50.00		.00
MEDICAL TRANSPORTATION	173	4,097		52,682.54	12.86	.230	304.52		2.96
AMBULANCES/AIR TRANS	173	4,089		40,082.54	9.80	.230	231.69		2.25
OTHER TRANS	1,3	1,005		.00	.00	.000	.00		.00
OTHER SERVICES	8	8		12,600.00	1575.00	.000	1575.00		.71
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	18	18		1,702.00	94.56	.001	94.56		.10
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	182	450		4,825.25	10.72	.025	26.51		.27
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	17	22		1,276.90	58.04	.001	75.11		.07
PROSTHETICS	6	8		610.51	76.31	.000	101.75		.03
ORTHOTICS	11	14		666.39	47.60	.001	60.58		.04
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	7	18		738.61	41.03	.001	105.52		.04
HOSPICE SERVICES	0	0		.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	598	3,141		19,443.49	6.19	.176	32.51		1.09
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	20	1,740		1,057.97	.61	.098	52.90		.06
@CALIF. CHILDREN SERVICES*	53	272	\$	156,169.35		.015		\$	8.77
@XOVER EXCLUDING STATE HOSP**	18	40	\$	262.43	\$ 6.56	.002	\$ 14.58	\$.01

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,953 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MARIPOSA COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

						MO	NTHLY AVERA	GE	
632 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERA	GE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER U	NIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	296	1,296	\$ 80,402.67	\$	62.04	2.051	\$ 271.63	\$	127.22
@PHYSICIANS SERVICES	62	180	\$ 7,383.45	\$	41.02	.285	\$ 119.09	\$	11.68

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	28	35		1,995.12	57.00	.055	71.25		3.16
OFFICE VISITS	17	19		884.42	46.55	.030	52.02		1.40
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	5	5		313.76	62.75	.008	62.75		.50
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	7	11		796.94	72.45	.017	113.85		1.26
OTHER OUTPATIENT	0	0		.00.	.00	.000	.00		.00
	0	7		296.45	42.35				
INPATIENT VISITS	4	/				.011	74.11		. 47
HOSPITAL VISITS	4	/		296.45	42.35	.011	74.11		.47
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	6	33		1,926.39	58.38	.052	321.07		3.05
PRINCIPAL SURGEON	3	3		1,273.16	424.39	.005	424.39		2.01
ASSISTANT SURGEON	1	1		186.50	186.50	.002	186.50		.30
	2	29			16.09				.74
ANESTHESIOLOGIST	3			466.73		.046	155.58		
OUTPATIENT SURGERY	6	15		1,135.96	75.73	.024	189.33		1.80
PRINCIPAL SURGEON	4	5		816.75	163.35	.008	204.19		1.29
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	4	10		319.21	31.92	.016	79.80		.51
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	8	26		134.79	5.18	.041	16.85		.21
RADIOLOGY	23	37		987.98	26.70	.059	42.96		1.56
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	4	9		122.98	13.66	.014	30.75		.19
	8								
OTHER SERVICES/ALL X-OVERS		18		783.78	43.54	.028	97.97		1.24
@PHARMACY	150	356	\$	22,381.30	\$ 62.87	.563		Ş	35.41
PRESCRIPTION DRUGS	149	354		22,286.37	62.96	.560	149.57		35.26
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	149	354		22,286.37	62.96	.560	149.57		35.26
MEDICAL SUPPLIES	1	2		94.93	47.47	.003	94.93		.15
@DENTIST	37	217	\$	5,769.93	\$ 26.59	.343	\$ 155.94	\$	9.13
VISITS - DIAGNOSTIC	26	153	т	2,037.84	13.32	.242	78.38	7	3.22
ORAL SURGERY	5	9		718.00	79.78	.014	143.60		1.14
DRUGS	0	0		.00	.00	.000	.00		.00
	1	1			100.00	.002			
ANESTHESIA	Ι.	<u></u>		100.00			100.00		.16
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	4	8		757.00	94.63	.013	189.25		1.20
RESTORATIVE DENTISTRY	13	41		1,911.00	46.61	.065	147.00		3.02
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	1	1		120.00	120.00	.002	120.00		.19
MAXILLOFACIAL SERVICES	1	1		126.09	126.09	.002	126.09		.20
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	4	3		.00	.00	.005	.00		.00
			10 M					DAGE	
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	rs im	ONIH-OF-PAYMENI R	EPORI FOR JAN	2003 IHRU	DEC 2003	PAGE	•
MOP024	FEE-FOR-SERVICE							(01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR ALL MEDI	CAL:	LY INDIGENT					
						M	ONTHLY AVERA	GE	
632 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	T UNITS/DAY	S COST PER	COS	ST PER
		OR DAYS OF CARE			PER UNIT/DAY	Y PER ELIG	USER	ELI	IGIBLE
@OPTOMETRIST	3	9	\$	197.76	\$ 21.97	.014			.31
DIAGNOSTIC AND ANC. PROCED	1	ĺ	•	47.45	47.45	.002	47.45		.08
EYE APPLIANCES	2	6		70.60	11.77	.002	35.30		.11
OTHER OPTOMETRIC SERVICES	2	2		70.00	39.86	.003	39.86		.13
	0	0	ė.					Ċ	
@CHIROPRACTOR	-	-	\$.00	\$.00	.000	•	\$.00
VISITS	0	0		.00	.00	.000	.00		.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	49	162	\$ 21,590.45	\$ 133.27	.256	\$ 440.62	\$ 34.16
HOSP INPATIENT TOTAL	9	19	17,211.09	905.85	.030	1912.34	27.23
HSC HOSPITALS	8	15	13,872.04	924.80	.024	1734.01	21.95
NON-HSC HOSPITAL TOTAL	1	4	3,339.05	834.76	.006	3339.05	5.28
ACCOMMODATIONS	1	4	2,046.98	511.75	.006	2046.98	3.24

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	1	4		2,046.98	511.75	.006	2046.98		3.24
ANCILLARIES	1	0		1,292.07	.00	.000	1292.07		2.04
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	42	143		4,379.36	30.62	.226	104.27		6.93
MEDICAL	18	19		941.29	49.54	.030	52.29		1.49
SURGERY	7	7		638.38	91.20	.011	91.20		1.01
PATHOLOGY	15	53		592.93	11.19	.084	39.53		.94
RADIOLOGY	10	10		591.72	59.17	.016	59.17		.94
ROOM USE	25	30		1,339.85	44.66	.047	53.59		2.12
CROSSOVERS/ALL OTH OUTPTNT	16	24		275.19	11.47	.038	17.20		.44
@COUNTY HOSPITAL TOTAL	3	6	\$	148.18	\$ 24.70	.009		\$.23
CO HOSPITAL INPATIENT TOTAL	0	0	·	.00	.00	.000	.00	•	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	3	6		148.18	24.70	.009	49.39		.23
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	1	1		25.07	25.07	.002	25.07		.04
PATHOLOGY	1	1		4.53	4.53	.002	4.53		.01
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	3	3		115.48	38.49	.005	38.49		.18
CROSSOVERS/ALL OTH OUTPINT	1	1		3.10	3.10	.002	3.10		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU	DEC 2003	PAC	GE 6,955
MOP024	FEE-FOR-SERVICE	/DENTAL							01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR ALL MED	ICAL	LY INDIGENT					
						M	ONTHLY AVERA	GE	
632 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COS'	T UNITS/DAY	S COST PER	CC	OST PER
		OR DAYS OF CARE			PER UNIT/DA	Y PER ELIG	USER	ΕI	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	46	156	\$	21,442.27	\$ 137.45	.247	\$ 466.14	\$	33.93
COMM HOSP INPATIENT TOTAL	9	19		17,211.09	905.85	.030	1912.34		27.23

					MOI	NIULI AAFKA	GE
632 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	46	156 \$	21,442.27	\$ 137.45	.247	466.14	\$ 33.93
COMM HOSP INPATIENT TOTAL	9	19	17,211.09	905.85	.030	1912.34	27.23
HSC HOSPITALS	8	15	13,872.04	924.80	.024	1734.01	21.95
NON-HSC HOSPITALS TOTAL	1	4	3,339.05	834.76	.006	3339.05	5.28
ACCOMMODATIONS	1	4	2,046.98	511.75	.006	2046.98	3.24
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	2,046.98	511.75	.006	2046.98	3.24
ANCILLARIES	1	0	1,292.07	.00	.000	1292.07	2.04
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	39	137	4,231.18	30.88	.217	108.49	6.69
MEDICAL	18	19	941.29	49.54	.030	52.29	1.49
SURGERY	6	6	613.31	102.22	.009	102.22	.97
PATHOLOGY	14	52	588.40	11.32	.082	42.03	.93
RADIOLOGY	10	10	591.72	59.17	.016	59.17	.94
ROOM USE	22	27	1,224.37	45.35	.043	55.65	1.94
CROSSOVERS/ALL OTH OUTPTNT	15	23	272.09	11.83	.036	18.14	.43
@STATE HOSPITAL	0	0 \$.00	\$.00	.000	.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000	.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	15	40	\$	499.60	\$	12.49	.063	\$	33.31	\$.79
PATHOLOGY	15	40		499.60		12.49	.063		33.31		.79
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	96	151	\$	15,463.24	\$	102.41	.239	\$	161.08	\$	24.47
CLINIC	4	9		102.05		11.34	.014		25.51		.16
SURGICENTER	2	7		248.21		35.46	.011		124.11		.39
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	92	135		15,112.98		111.95	.214		164.27		23.91
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDIT	JRES MON'	TH-OF-PAYMENT RE	PORT	FOR JAN 2	2003 THRU 1	DEC	2003	PF	AGE 6,956
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	ALL M	EDICALLY	INDIGENT							

MARIPOSA COUNTY	SUMMARY OF SERVICE	S FOR ALL MEL	TCALLY	INDIGENI				
						MO	NTHLY AVERAG	GE
632 ELIGIBLES	USERS UN	NITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	C	OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	22	181	\$	7,116.94	\$ 39.32	.286	\$ 323.50	\$ 11.26
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	11	151		6,745.23	44.67	.239	613.20	10.67
AMBULANCES/AIR TRANS	11	149		3,145.23	21.11	.236	285.93	4.98
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	2	2		3,600.00	1800.00	.003	1800.00	5.70
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1		105.00	105.00	.002	105.00	.17
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	3	6		49.20	8.20	.009	16.40	.08
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	7	23		217.51	9.46	.036	31.07	.34
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00		\$.00	\$.00
@* TOTALS IN THESE LINES ARE (GIVEN AS A SEPARATE	INFORMATION I	TEM ONI		,			

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,957 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MARIPOSA COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR RENAL DIALYSIS		AID CODES	/ 1		
					MON'	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 Š	.00	\$.00	.000 \$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
	0	0					
EMERGENCY ROOM	0	<u> </u>	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0					
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$		\$.00
	0	0	.00	.00	.000 \$.00	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		
SNF/ICF	0	0				.00	.00
OUTPATIENTS	0	v	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0					
MAXILLOFACIAL SERVICES	0	g .	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
	MEDI GII GEDIIIG			DODE HOD TAKE	1001 mithit bu	~ ^ ^ ^ ^	DROT (050

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV FEE-FOR-SERVICE/DENTAL

PAGE 6,958 01/29/04

SUMMARY OF SERVICES FOR RENAL DIALYSIS

MARIPOSA COUNTY

AID CODES 71

MARIPOSA COUNTY	SUMMARY OF SERVICES FO	OR RENAL DIALYSI	S	AID CODES			
					MONTE		
00 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS (COST PER	COST PER
	OR DA	AYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	Ô	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	Ö	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	
	0	0 \$.00	•	•	.00	•
VISITS	0	0		.00	.000		.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00 \$	•
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 Ś	.00	\$.00	.000 \$.00	•
PEDIATRIC NURSE PRACTITIONER	0	0 š	.00	\$.00	.000 \$.00	•
FAMILY NURSE PRACTITIONER	Ô	0 \$.00	\$.00	.000 \$.00	
@TOTAL HOSPITAL	Ô	0 4	.00	\$.00	.000 \$.00	•
HOSP INPATIENT TOTAL	0	0 \$.00	.00	.000	.00	.00
	0	0					
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	U	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	Ô	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0					
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$	•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0					
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.000	.00	
SURGERY	U	U	.00	.00	.000	.00	.00
PATHOLOGY	0	Ü	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON	TH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 6,959
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
MADIDOGA GOIDINI	CIMMADA OF CEDATORS FO	OD DENIAL DIVITOR	a	ATD CODEC	71		

					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

GIID GEDII	0	0		0	^	0.0	0.00		0.0		0.0
SURGERY	Ü	0		.0		.00	.000		.00		.00
PATHOLOGY	0	0		.0		.00	.000		.00		.00
RADIOLOGY	0	0		.0	0	.00	.000		.00		.00
ROOM USE	0	0		.0	0	.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	Ô	0		.0		.00	.000		.00		.00
	0	0	بع	.0		.00		ė.	.00	<u>ب</u>	
@STATE HOSPITAL	0		\$.000	Ą		\$.00
MENTALLY ILL	0	0		.0		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.0	0	.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.0	0 \$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.0	0	.00	.000		.00		.00
LEV B-REHAB MD	Ô	0		.0		.00	.000		.00		.00
	0	0									
LEV B-SUBACUTE FREESTANDING	U	U		.0		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	Ü	Ü		.0		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.0	0	.00	.000		.00		.00
LEV B-REGULAR	0	0		.0	0	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.0	0 \$.00	.000	\$.00	\$.00
ICF DDH	Ô	0	τ	.0		.00	.000	Ψ.	.00	Ψ	.00
	0	0		.0							
ICF DD	U					.00	.000		.00		.00
ICF DDN/DDCN	0	0		.0		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.0	0 \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.0	0	.00	.000		.00		.00
HEMODIALYSIS CENTER	Ô	0		.0		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.0		.00	.000	ė.	.00	<u>ب</u>	
	0	0	Ą					Ą		\$.00
HOSPITAL BASED	Ü	Ü		.0		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.0	0	.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.0	0 \$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	•	.0		.00	.000	•	.00		.00
XO AND OTHERS	0	0		.0		.00	.000		.00		.00
	0	0	4					4		4	
@ORGANIZED OUTPATIENT CLINIC	U	U	\$.0		.00	.000	\$.00	\$.00
CLINIC	0	0		.0	0	.00	.000		.00		.00
SURGICENTER	0	0		.0	0	.00	.000		.00		.00
	0	0		.0		.00	.000		.00		
HEROIN DETOX CLINIC	0 0 0	0 0 0		.0	0	.00	.000		.00		.00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC	0 0 0	•	riidire	.0	0	.00	.000	חפּכ	.00	ח מת	.00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	TURES	.0	0	.00	.000	DEC	.00	PAG	.00 .00 GE 6,960
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDIT /DENTAL		.0 .0 MONTH-OF-PAYMENT	0	.00 .00 T FOR JAN	.000 .000 2003 THRU	DEC	.00	PAG	.00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT /DENTAL		.0 .0 MONTH-OF-PAYMENT	0	.00	.000 .000 2003 THRU		.00 .00 2003		.00 .00 SE 6,960 01/29/04
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDIT /DENTAL		.0 .0 MONTH-OF-PAYMENT	0	.00 .00 T FOR JAN	.000 .000 2003 THRU		.00		.00 .00 SE 6,960 01/29/04
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDIT /DENTAL	DIAL	.0 .0 MONTH-OF-PAYMENT	0 0 REPOR	.00 .00 T FOR JAN	.000 .000 2003 THRU 71	IONT	.00 .00 2003	GE	.00 .00 SE 6,960 01/29/04
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDIT /DENTAL ICES FOR RENAI UNITS OF SERVI	L DIAL	.0 .0 MONTH-OF-PAYMENT LYSIS	0 0 REPOR	.00 .00 T FOR JAN AID CODES	.000 .000 2003 THRU 71 M UNITS/DAY	IONT S	.00 .00 2003 HLY AVERAG	GE CO	.00 .00 SE 6,960 01/29/04
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDIT /DENTAL ICES FOR RENAI UNITS OF SERVI OR DAYS OF CA	L DIAL ICE ARE	.0 .0 MONTH-OF-PAYMENT LYSIS EXPENDITURE	0 0 REPOR S AV	.00 .00 T FOR JAN AID CODES ERAGE COST R UNIT/DAY	.000 .000 2003 THRU 71 M UNITS/DAY PER ELIG	IONT S	.00 .00 2003 HLY AVERAC COST PER USER	GE C(EI	.00 .00 GE 6,960 01/29/04 DST PER LIGIBLE
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDIT /DENTAL ICES FOR RENAI UNITS OF SERVI OR DAYS OF CA	L DIAL	.0 .0 MONTH-OF-PAYMENT LYSIS EXPENDITURE .0	0 0 REPOR S AV PE 0 \$.00 .00 T FOR JAN AID CODES ERAGE COST R UNIT/DAY .00	.000 .000 2003 THRU 71 M UNITS/DAY PER ELIC .000	IONT S	.00 .00 2003 HLY AVERAC COST PER USER .00	GE C(EI	.00 .00 GE 6,960 01/29/04 DST PER LIGIBLE .00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	ES AND EXPENDIT /DENTAL ICES FOR RENAI UNITS OF SERVI OR DAYS OF CA	L DIAL ICE ARE	.0 .0 MONTH-OF-PAYMENT LYSIS EXPENDITURE .0	0 0 REPOR S AV PE 0 \$ 0	.00 .00 T FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00	.000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000	IONT S	.00 .00 2003 HLY AVERAC COST PER USER .00 .00	GE C(EI	.00 .00 GE 6,960 01/29/04 DST PER LIGIBLE .00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDIT /DENTAL ICES FOR RENAI UNITS OF SERVI OR DAYS OF CA	L DIAL ICE ARE	.0 .0 MONTH-OF-PAYMENT LYSIS EXPENDITURE .0 .0	OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	.00 .00 T FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00	.000 .000 2003 THRU 71 M UNITS/DAY PER ELIC .000 .000	IONT S	.00 .00 2003 HLY AVERAC COST PER USER .00 .00	GE C(EI	.00 .00 GE 6,960 01/29/04 DST PER LIGIBLE .00 .00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	ES AND EXPENDIT /DENTAL ICES FOR RENAI UNITS OF SERVI OR DAYS OF CA	L DIAL ICE ARE	.0 .0 MONTH-OF-PAYMENT LYSIS EXPENDITURE .0	OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	.00 .00 T FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00 .00	.000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000	IONT S	.00 .00 2003 HLY AVERAC COST PER USER .00 .00 .00	GE C(EI	.00 .00 GE 6,960 01/29/04 DST PER LIGIBLE .00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	ES AND EXPENDIT /DENTAL ICES FOR RENAI UNITS OF SERVI OR DAYS OF CA	L DIAL ICE ARE	.0 .0 MONTH-OF-PAYMENT LYSIS EXPENDITURE .0 .0	O O REPOR	.00 .00 T FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00	.000 .000 2003 THRU 71 M UNITS/DAY PER ELIC .000 .000	IONT S	.00 .00 2003 HLY AVERAC COST PER USER .00 .00	GE C(EI	.00 .00 GE 6,960 01/29/04 DST PER LIGIBLE .00 .00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	ES AND EXPENDIT /DENTAL ICES FOR RENAI UNITS OF SERVI OR DAYS OF CA	L DIAL ICE ARE	.0 .0 MONTH-OF-PAYMENT LYSIS EXPENDITURE .0 .0 .0	O O REPOR	.00 .00 T FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00 .00	.000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000	IONT S	.00 .00 2003 HLY AVERAC COST PER USER .00 .00 .00	GE C(EI	.00 .00 GE 6,960 01/29/04 DST PER LIGIBLE .00 .00 .00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	ES AND EXPENDIT /DENTAL ICES FOR RENAI UNITS OF SERVI OR DAYS OF CA	L DIAL ICE ARE	.0 .0 MONTH-OF-PAYMENT LYSIS EXPENDITURE .0 .0 .0	0 0 REPOR S AV PE 0 \$ 0 0	.00 .00 T FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00 .00	.000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000	IONT S	.00 .00 2003 HLY AVERAC COST PER USER .00 .00 .00	GE C(EI	.00 .00 GE 6,960 01/29/04 DST PER LIGIBLE .00 .00 .00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	ES AND EXPENDIT /DENTAL ICES FOR RENAI UNITS OF SERVI OR DAYS OF CA	L DIAL ICE ARE	.0 .0 MONTH-OF-PAYMENT LYSIS EXPENDITURE .0 .0 .0	0 0 REPOR S AV PE 0 \$ 0 0 0	.00 .00 T FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00 .00	.000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000	IONT S	.00 .00 2003 HLY AVERAC COST PER USER .00 .00 .00 .00	GE C(EI	.00 .00 .00 .01/29/04 .05T PER LIGIBLE .00 .00 .00 .00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	ES AND EXPENDIT /DENTAL ICES FOR RENAI UNITS OF SERVI OR DAYS OF CA	L DIAL ICE ARE	.0 .0 MONTH-OF-PAYMENT LYSIS EXPENDITURE .0 .0 .0 .0	0 0 0 REPOR S AV PE 0 \$ 0 0 0 0	.00 .00 T FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00	.000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000	IONT S	.00 .00 2003 HLY AVERAC COST PER USER .00 .00 .00 .00	GE C(EI	.00 .00 .00 .01/29/04 .01/29/04 .02 .03 .03 .00 .00 .00 .00 .00 .00 .00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDIT /DENTAL ICES FOR RENAI UNITS OF SERVI OR DAYS OF CA 0 0 0 0 0 0 0 0 0 0	L DIAL ICE ARE	.0 .0 MONTH-OF-PAYMENT LYSIS EXPENDITURE .0 .0 .0 .0	0 0 0 REPOR S PE 0 0 0 0 0 0 0	.00 .00 T FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00	.000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	IONT S	.00 .00 2003 HLY AVERAC COST PER USER .00 .00 .00 .00	GE C(EI	.00 .00 .00 .00 .01/29/04 .00 .00 .00 .00 .00 .00 .00 .00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	ES AND EXPENDIT /DENTAL ICES FOR RENAI UNITS OF SERVI OR DAYS OF CA	L DIAL ICE ARE	.0 .0 MONTH-OF-PAYMENT LYSIS EXPENDITURE .0 .0 .0 .0	0 0 0 REPOR S PE 0 0 0 0 0 0 0	.00 .00 T FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00	.000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000	IONT S	.00 .00 2003 HLY AVERAC COST PER USER .00 .00 .00 .00	GE C(EI	.00 .00 .00 .01/29/04 .01/29/04 .02 .03 .03 .00 .00 .00 .00 .00 .00 .00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDIT /DENTAL ICES FOR RENAI UNITS OF SERVI OR DAYS OF CA 0 0 0 0 0 0 0 0 0 0 0 0	L DIAL ICE ARE	.0 .0 MONTH-OF-PAYMENT LYSIS EXPENDITURE .0 .0 .0 .0 .0	0 0 0 REPOR S AV PE 0 \$ 0 0 0 0 0 0	.00 .00 T FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00	.000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	IONT S	.00 .00 2003 HLY AVERAC COST PER USER .00 .00 .00 .00 .00	GE C(EI	.00 .00 .00 .00 .01/29/04 .00 .00 .00 .00 .00 .00 .00 .00 .00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITATION OF SERVIOR DAYS OF CARDON	L DIAL ICE ARE	.0 .0 MONTH-OF-PAYMENT LYSIS EXPENDITURE .0 .0 .0 .0 .0	0 0 0 REPOR S AV PE 0 0 0 0 0 0 0 0	.00 .00 .00 T FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00	.000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S	.00 .00 2003 HLY AVERAC COST PER USER .00 .00 .00 .00 .00	GE C(EI	.00 .00 .00 .00 .01/29/04 .00 .00 .00 .00 .00 .00 .00 .00 .00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITATION OF SERVIOR DAYS OF CARDON	L DIAL ICE ARE	.0 .0 .0 MONTH-OF-PAYMENT LYSIS EXPENDITURE .0 .0 .0 .0 .0 .0	0 0 0 REPOR S AV PE 0 0 0 0 0 0 0 0 0	.00 .00 .00 T FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00	.000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S	.00 .00 2003 HLY AVERAC COST PER USER .00 .00 .00 .00 .00 .00	GE C(EI	.00 .00 .00 .00 .01/29/04 DST PER LIGIBLE .00 .00 .00 .00 .00 .00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITATION OF SERVIOR DAYS OF CARROLL OR	L DIAL ICE ARE	.0 .0 .0 MONTH-OF-PAYMENT LYSIS EXPENDITURE .0 .0 .0 .0 .0 .0	O O O O O O O O O O O O O O O O O O O	.00 .00 .00 T FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S	.00 .00 2003 HLY AVERAC COST PER USER .00 .00 .00 .00 .00 .00	GE C(EI	.00 .00 .00 .00 .01/29/04 .02 .03 .03 .00 .00 .00 .00 .00 .00 .00 .00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITATION OF SERVIOR DAYS OF CAUCAGE OF CAUC	L DIAL ICE ARE	.0 .0 MONTH-OF-PAYMENT LYSIS EXPENDITURE .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0	O O O O O O O O O O O O O O O O O O O	.00 .00 .00 T FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S	.00 .00 2003 HLY AVERAC COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	GE C(EI	.00 .00 .00 .00 .01/29/04 .02 .03 .03 .00 .00 .00 .00 .00 .00 .00 .00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITAL ICES FOR RENAI UNITS OF SERVI OR DAYS OF CA 0 0 0 0 0 0 0 0 0 0 0 0 0	L DIAL ICE ARE	.0 .0 MONTH-OF-PAYMENT LYSIS EXPENDITURE .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0	0 0 0 REPOR S AV PE 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 T FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S	.00 .00 2003 HLY AVERAC COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE C(EI	.00 .00 .00 .00 .01/29/04 .02 .03 .00 .00 .00 .00 .00 .00 .00 .00 .00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITATION OF SERVIOR DAYS OF CAUCAGE OF CAUC	L DIAL ICE ARE	.0 .0 MONTH-OF-PAYMENT LYSIS EXPENDITURE .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0	0 0 0 REPOR S AV PE 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 T FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S	.00 .00 2003 HLY AVERAC COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	GE C(EI	.00 .00 .00 .00 .01/29/04 .02 .03 .03 .00 .00 .00 .00 .00 .00 .00 .00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITAL ICES FOR RENAI UNITS OF SERVI OR DAYS OF CA 0 0 0 0 0 0 0 0 0 0 0 0 0	L DIAL ICE ARE	.0 .0 .0 MONTH-OF-PAYMENT LYSIS EXPENDITURE .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0	0 0 0 REPOR S S O PE 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 T FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S	.00 .00 2003 HLY AVERAC COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE C(EI	.00 .00 .00 GE 6,960 01/29/04 DST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITAL ICES FOR RENAI UNITS OF SERVI OR DAYS OF CA 0 0 0 0 0 0 0 0 0 0 0 0 0	L DIAL ICE ARE	.0 .0 .0 MONTH-OF-PAYMENT LYSIS EXPENDITURE .0 .0 .0 .0 .0 .0 .0 .0 .0 .0	0 0 0 REPOR S PE 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 T FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE C(EI	.00 .00 .00 .00 .01/29/04 .00 .00 .00 .00 .00 .00 .00 .00 .00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITAL ICES FOR RENAI UNITS OF SERVI OR DAYS OF CA 0 0 0 0 0 0 0 0 0 0 0 0 0	L DIAL ICE ARE	.0 .0 .0 MONTH-OF-PAYMENT LYSIS EXPENDITURE .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .	0 0 0 REPOR S AV PE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 T FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE C(EI	.00 .00 .00 .00 .01/29/04 .00 .00 .00 .00 .00 .00 .00 .00 .00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITATION OF SERVIOR DAYS OF CARROLL OR	L DIAL ICE ARE	.0 .0 .0 MONTH-OF-PAYMENT LYSIS EXPENDITURE .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .	0 0 0 REPOR S AV PE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 T FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S	.00 .00 2003 HLY AVERAC COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE C(EI	.00 .00 .00 .00 .01/29/04 .00 .00 .00 .00 .00 .00 .00 .00 .00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITATION OF SERVIOR DAYS OF CARROLL OR	L DIAL ICE ARE	.0 .0 .0 MONTH-OF-PAYMENT LYSIS EXPENDITURE .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0	0 0 0 REPOR S AV PE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 T FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIC .000 .000 .000 .000 .000 .000 .000 .0	IONT S	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE C(EI	.00 .00 .00 .00 .01/29/04 .00 .00 .00 .00 .00 .00 .00 .00 .00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITATION OF SERVIOR DAYS OF CARROLL OR	L DIAL ICE ARE	.0 .0 .0 MONTH-OF-PAYMENT LYSIS EXPENDITURE .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .	0 0 0 REPOR S AV PE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 T FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S	.00 .00 2003 HLY AVERAC COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE C(EI	.00 .00 .00 .00 .01/29/04 .00 .00 .00 .00 .00 .00 .00 .00 .00

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00
@* TOTALS IN THESE LINES ARE CIVEN A	TTKGKGTD & D	TMEORMATION	TTEM ONLY:					

TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,961 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MARIPOSA COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR	TOTAL	PARE	ENTERAL NUTR	T.I.TON		AID CODES	73			
											HLY AVERAC	
00 ELIGIBLES	USERS	UNITS OF	SERVIC	Έ	EXPEND	ITURES	AVE:	RAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS	OF CAR	EΕ			PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0			.00	•	.00	.000	·	.00	.00
OFFICE VISITS	0		0			.00		.00	.000		.00	.00
HOME VISITS	0		0			.00		.00	.000		.00	.00
EMERGENCY ROOM	0		0			.00		.00	.000		.00	.00
PREVENTIVE CARE	0		0			.00		.00	.000		.00	.00
OB VISITS/COMPRE PERI	0		0			.00		.00	.000		.00	.00
OTHER OUTPATIENT	0		Ô			.00		.00	.000		.00	.00
INPATIENT VISITS	0		0			.00		.00	.000		.00	.00
HOSPITAL VISITS	0		Ô			.00		.00	.000		.00	.00
CRITICAL CARE	0		0			.00		.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0		0			.00		.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0		0			.00		.00	.000		.00	.00
EXAMINATIONS	0		0			.00		.00	.000		.00	.00
SERVICES AND MATERIALS	0		0			.00		.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0		0			.00		.00	.000		.00	.00
PRINCIPAL SURGERI	0		0			.00		.00	.000		.00	.00
ASSISTANT SURGEON	0		0			.00		.00	.000		.00	.00
	0		0			.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0		0			.00						
OUTPATIENT SURGERY	0		0			.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0		0					.00				.00
ASSISTANT SURGEON	0		0			.00		.00	.000		.00	.00
ANESTHESIOLOGIST	U		0			.00		.00	.000		.00	.00
DIALYSIS	U		0			.00		.00	.000		.00	.00
PATHOLOGY	U		0			.00		.00	.000		.00	.00
RADIOLOGY	0		0			.00		.00	.000		.00	.00
PSYCHIATRY	0		0			.00		.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0		0			.00		.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0		0			.00		.00	.000	_	.00	.00
@PHARMACY	0		0	\$.00	\$.00	.000	Ş	.00	\$.00
PRESCRIPTION DRUGS	0		0			.00		.00	.000		.00	.00
SNF/ICF	0		0			.00		.00	.000		.00	.00
OUTPATIENTS	0		0			.00		.00	.000		.00	.00
MEDICAL SUPPLIES	0		0			.00		.00	.000		.00	.00
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0		0			.00		.00	.000		.00	.00
ORAL SURGERY	0		0			.00		.00	.000		.00	.00
DRUGS	0		0			.00		.00	.000		.00	.00
ANESTHESIA	0		0			.00		.00	.000		.00	.00
PERIODONTICS	0		0			.00		.00	.000		.00	.00
ENDODONTICS	0		0			.00		.00	.000		.00	.00

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00)
PROSTHETICS	0	0	.00	.00	.000	.00	.00)
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00)
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	j
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	j
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	j
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	j
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	j
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES M	ONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 6,9	62
MOP024	FEE-FOR-SERVICE/DE	ENTAL					01/29/	04
MARIPOSA COUNTY	SUMMARY OF SERVICE	ES FOR TOTAL PAREN'	FERAL NUTRITION	AID CODES	73			
					MON	THLY AVERAG	E	
00 ELIGIBLES	USERS UN	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	٤
	(OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	1
@ODTOMFTD T CT	Λ	U ¢	0.0	ሩ በበ	000 \$		¢ 00	1

MARIPOSA COUNTY	SUMMARY OF SERVI	ICES FOR .	TOTAL P.	AREN'I	ERAL NOTRITION	P	AID CODES	/ 3				
								MC	NTH	LY AVERAC	ΞE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVER	RAGE COST	UNITS/DAYS	G C	OST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0	·	.00	•	.00	.000	•	.00	•	.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		Ö		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	¢	.00	\$.00
VISITS	0		0	Y	.00	Ų	.00	.000	Y	.00	Y	.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00		\$.00	\$.00
	0		0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
MEDICINE/INJECTIONS	0		0									
SURGERY/ANES.	0		-		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	U		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00	4.	.00
@HOME HEALTH AGENCY	0		0	\$.00	Ş	.00		\$.00	\$.00
NURSE ANESTHESIST	0		0	Ş	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		Ô		.00		.00	.000		.00		.00
ANCILLARIES	0		ñ		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0									
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	U		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00		\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
	-		-		. 3 0							

CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITUR	ES MONT	TH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU I	DEC 2003	PAGE	6,9
MOP024	FEE-FOR-SERVICE	E/DENTAL						01/	29/0
		ICES FOR TOTAL P.	ARENTER	RAL NUTRITION	AID CODES	73			
						MC	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST	PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGI:	BLE
COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000			.00
COMM HOSP INPATIENT TOTAL	Ô	0	т	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0							
ACCOMMODATIONS	Ü	Ü		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
SURGERY	0	0							
PATHOLOGY	U	U		.00	.00	.000	.00		.00
RADIOLOGY	Ü	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
NURSING FACILITY	Ô	0	\$.00	\$.00	.000			.00
LEV A-INTERMEDIATE	Ô	0	Υ	.00	.00	.000	.00		.00
	0	0				.000			
LEV B-REHAB MD	0	0		.00	.00		.00		.00
LEV B-SUBACUTE FREESTANDING	U	U		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	Ü	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	Ō	0		.00	.00	.000	.00		.00
HEMODIALYSIS TOTAL	n	0	\$.00	\$.00		\$.00		.00
HOSPITAL BASED	0	0	~	.00	.00	.000	.00		.00
	0	0		.00	.00		.00		.00
HEMODIALYSIS CENTER	0		ė.			.000			
REHABILITATION FACILITY	Ü	0	Þ	.00	\$.00	.000			.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
LABORATORY FACILITY	0	0	\$.00	\$.00	.000		\$.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
ORGANIZED OUTPATIENT CLINIC	Ō	0	\$.00	\$.00	.000	\$.00		.00
CLINIC	n	0	т	.00	.00	.000	.00		.00
SURGICENTER	0	0				.000	.00		.00
	U	· ·		.00	.00				
HEROIN DETOX CLINIC	U	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00		.00

MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	IOIAL PARENIE	RAL NUIRIIION	AID CODES	13		
					MON	THLY AVERAG	GE
00 ELIGIBLES	USERS UNITS OF	SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS	OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,965 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MARIPOSA COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

					MONT	HLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00 \$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00 \$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON	TH-OF-PAYMENT REPORT	FOR JAN 20	003 THRU DEC	2003	PAGE 6,966
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FO	OR IRCA ALIENS	AID CODES	51 52 56 5	57		
				-	MONTH	LY AVERAG	E

						M	ONT	HLY AVERA	GE.	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

CO HOSPITAL INPATIENT TOTAL	Λ	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	Ū	Ū					
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 20	03 THRU DEC	2003	PAGE 6,967
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
MADIDOCA COUNTRY	CIIMMADA OF CEDATORO E	OD TDOM ATTEM	TO ATD CODEC	E1 E2 E6 E	7		

MARIPOSA COUNTY AID CODES 51 52 56 57 SUMMARY OF SERVICES FOR IRCA ALIENS

MARIPOSA COUNTY	SUMMARY OF SERV.	ICES FOR	IRCA AL	LENS	AID (CODES 51 52 56			
							MON'		
00 ELIGIBLES	USERS	UNITS OF			EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS	OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0		.00	.00	.000	.00	.00
HSC HOSPITALS	0		0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0		.00	.00	.000	.00	.00
ANCILLARIES	0		0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00	.00	.000	.00	.00
MEDICAL	0		0		.00	.00	.000	.00	.00
SURGERY	0		0		.00	.00	.000	.00	.00
PATHOLOGY	0		0		.00	.00	.000	.00	.00
RADIOLOGY	0		0		.00	.00	.000	.00	.00
ROOM USE	0		0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0		0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0		.00	.00	.000	.00	.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00	.00
LEV B-REGULAR	0		0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0		0		.00	.00	.000	.00	.00
ICF DD	0		0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0		0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0		0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0		0		.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00	·	.00	.000	.00	•	.00
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000 \$.00	\$.00
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON	TH-OF-PAYMENT I	REPORT	FOR JAN 2	2003 THRU DE	C 2003	PAGE	6,968
MOP024	FEE-FOR-SERVICE/DENTA	L						01	L/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES F	OR IRCA ALIENS	AID	CODES	51 52 56	57			
						MON	THLY AVERA	GE	
00 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVEF	RAGE COST	UNITS/DAYS	COST PER	COST	Γ PER
	OR D	AYS OF CARE		PER	UNIT/DAY	PER ELIG	USER	ELIC	FIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00		.00	.000	.00		.00
BLOOD BANK	0	0	.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0	.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0	.00		.00	.000	.00		.00
AMBIT ANGE (ATE TERMS	0	^	0.0		0.0	000	0.0		0.0

00 HHICIDHES	ОБЫКБ	OR DAVE OF CARE	DILL DIVDE I OILE	DEL	TIMITE (DAY	DED ELTO	HOED	EL LOIDLE
CALL OFFICE PROLITERS	0	OR DAYS OF CARE			R UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	U \$.0		.00	.000		\$.00
DURABLE MED. EQUIP.	0	0	.0		.00	.000	.00	.00
BLOOD BANK	0	0	.0		.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.0		.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.0		.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.0		.00	.000	.00	.00
OTHER TRANS	0	0	.0		.00	.000	.00	.00
OTHER SERVICES	0	0	.0	0	.00	.000	.00	.00
ACUPUNCTURE	0	0	.0	0	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.0	0	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.0	0	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.0	0	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.0	0	.00	.000	.00	.00
OPTICIAN	0	0	.0	0	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.0	0	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.0	0	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.0	0	.00	.000	.00	.00
PROSTHETICS	0	0	.0	0	.00	.000	.00	.00
ORTHOTICS	0	0	.0	0	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.0	0	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.0	0	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.0	0	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.0	0	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.0	0	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.0	0	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.0	0	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.0	0	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.0	0	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.0	0 \$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.0		.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,969
MOPO FEE-FOR-SERVICE/DENTAL
MARIPOSA COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

						MON	THLY AVERAC	jE
13 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	10	27	\$	1,513.91	\$ 56.07	2.077 \$	151.39	\$ 116.45
@PHYSICIANS SERVICES	4	4	\$	275.76	\$ 68.94	.308 \$	68.94	\$ 21.21
OUTPATIENT VISITS	3	3		181.44	60.48	.231	60.48	13.96
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	3	181.44	60.48	.231	60.48	13.96
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	1		94.32		94.32	.077		94.32		7.26
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES M	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 20	003 THRU 1	DEC	2003	PAG	
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FO	OR MI/MN A	ALIEN	N WITHOUT SIS AID C	CODE	55 58 5F					

						M	ONT	HLY AVERA	GE	
13 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER	AGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	5	\$ 485.03	\$	97.01	.385	\$	485.03	\$	37.31
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	5		485.03	97.01	.385	485.03	37.31
MEDICAL	1	4		441.80	110.45	.308	441.80	33.98
SURGERY	0	0		10.87	.00	.000	.00	.84
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	1		32.36	32.36	.077	32.36	2.49
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	10.87	\$.00	.000	\$.00	\$.84
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		10.87	.00	.000	.00	.84
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		10.87	.00	.000	.00	.84
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITU	RES MON	NTH-OF-PAYMENT RI	EPORT FOR JAN	2003 THRU	DEC 2003	PAGE 6,971
MOP024	FEE-FOR-SERVICE/DENTAL	_						01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	R MI/MN A	ALIEN V	VITHOUT SIS AID (CODE 55 58 5F			
						M	ONTHLY AVERA	GE

					MONT	HLY AVERAGE	
13 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS (COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	5 \$	474.16	\$ 94.83	.385 \$	474.16 \$	36.47
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	5	474.16	94.83	.385	474.16	36.47
MEDICAL	1	4	441.80	110.45	.308	441.80	33.98
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	32.36	32.36	.077	32.36	2.49
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	10	\$	157.71	\$	15.77	.769	\$	52.57	\$	12.13
PATHOLOGY	3	10		157.71		15.77	.769		52.57		12.13
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3	7	\$	490.41	\$	70.06	.538	\$	163.47	\$	37.72
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3	7		490.41		70.06	.538		163.47		37.72
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES MOI	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU I	DEC	2003	PI	AGE 6,972
MOP024	FEE-FOR-SERVICE/DENTAL	ı									01/29/04

SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

13 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG **USER** ELIGIBLE @ALL OTHER PROVIDERS 1 1 105.00 \$ 105.00 .077 \$ 105.00 \$ 8.08 .00 .000 DURABLE MED. EOUIP. 0 0 .00 .00 .00 BLOOD BANK .00 .00 .000 .00 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .00 .000 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 .00 OTHER SERVICES .00 .00 .000 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 105.00 105.00 .077 105.00 8.08 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .00 .000 .00 .000 PSYCHOLOGIST .00 .00 .00 .00 .00 .00 .000 .00 SPEECH AND AUDIOLOGY .00 .00 HOSPICE SERVICES .000 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 RESPIRATORY CARE PRACT. .00 .000 .00 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES* 474.16 \$ 94.83 .385 \$ 474.16 \$ 36.47 @XOVER EXCLUDING STATE HOSP** .00 \$.00 .000 \$.00 \$.00

MARIPOSA COUNTY

----- MONTHLY AVERAGE -----

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

MARIPOSA COUNTY

1111111 0011 0001111	DOILILLICE OF DELICE	1020 1011 1121 00220	1122	30225 01 02 00	MON'	THLY AVERAC	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	Ō	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00			.00	
EXAMINATIONS	0	0		.00	.000		.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES M					PAGE 6,974
MOP024	FEE-FOR-SERVICE		ONTH OF EATHERN RE	TIONI FON UMN 2	TOO THE		01/29/04
MARIPOSA COUNTY		ICES FOR REFUGEES	VID (CODES 01 02 08	0 2		01/23/04
PARTFORM COUNTI	SOUTHING OF SERV	TCES LOV KELOGEES	AID (סט אח דה מיהחסי	MON'	יים אווים אווים אווים	2F
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
00 ETIGIDIES	CMECO	OR DAYS OF CARE	EVE FUDITONES	PER UNIT/DAY		USER	ELIGIBLE
		OR DAID OF CARE		ILK UNII/DAI	ביות אניי	ODER	11161011

@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	j
DIAGNOSTIC AND ANC. PROCED	0	0	•	.00	·	.00	.000	•	.00	.00	j
EYE APPLIANCES	0	0		.00		.00	.000		.00	.00	į
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	.00	į
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	i
VISITS	0	0		.00		.00	.000		.00	.00	į
OTHER SERVICES	0	0		.00		.00	.000		.00	.00	i
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	į.
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	.00	į.
SURGERY/ANES.	0	0		.00		.00	.000		.00	.00	1
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	.00	1
OTHER	0	0		.00		.00	.000		.00	.00	į.
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	į.
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	1
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	Į
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	į.

FAMILY NURSE PRACTITIONER	0		0 \$	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0 \$	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		n		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0		n		.00		.00	.000		.00		.00
MEDICAL	Õ		n		.00		.00	.000		.00		.00
SURGERY	0		n		.00		.00	.000		.00		.00
PATHOLOGY	0		n		.00		.00	.000		.00		.00
RADIOLOGY	0		n		.00		.00	.000		.00		.00
ROOM USE	0		n N		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0		0 0 \$	ċ	.00		.00	.000	Ċ	.00	Ċ	.00
CO HOSPITAL INPATIENT TOTAL	0		0 դ Ո	Ÿ	.00		.00	.000	Ą	.00	ų	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
	0		0									
CROSSOVERS/ALL OTH OUTPINT	MEDI GAI GEDITGE	IC AND EXPEND	U TITTO TIC	- M-C	00.		.00	.000	ספת מת	.00	D.7	.00
	MEDI-CAL SERVICE		TIUKES	5 MC	INTH-OF-PAYMENT	REPOR	I FOR JAN 2	2003 IHRU 1	DEC 20	103	PA	GE 6,975 01/29/04
	FEE-FOR-SERVICE/		TODDO		7.TD	CODE	S 01 02 08	0.7				01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVI	CES FOR REF	UGEES		AID	CODE	5 01 02 08		ONTITUTE SE		an.	
00 ELIGIBLES	USERS	UNITS OF SER	TT OF		EXPENDITURES	7. 7.	ERAGE COST	MO	-		-	OST PER
OO ETIGIBTES	USEKS	OR DAYS OF			FVLFINDIIOKF2		R UNIT/DAY			JSER	_	LIGIBLE
@COMMINITY HOCDITAL TOTAL	0			ė.	.00		.00	.000		.00		.00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	0		0 \$ 0	Ş	.00	•	.00	.000				.00
COMINI BUSE INPATIBINE TOTAL	U				. 00							

					MON	THLY AVERAGE	5
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00)	.00	.000		00		.00
@STATE HOSPITAL	0	0	\$.00) \$.00	.000	\$	00	\$.00
MENTALLY ILL	0	0		.00)	.00	.000		00		.00
DEVELOP. DISABLED	0	0		.00)	.00	.000		00		.00
@NURSING FACILITY	0	0	\$.00) \$.00	.000	\$	00	\$.00
LEV A-INTERMEDIATE	0	0	•	.00)	.00	.000		00		.00
LEV B-REHAB MD	0	0		.00)	.00	.000		00		.00
LEV B-SUBACUTE FREESTANDING	, 0	0		.00		.00	.000		00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00)	.00	.000		00		.00
LEV B-REGULAR	0	0		.00)	.00	.000		00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00) \$.00	.000	\$	00	\$.00
ICF DDH	0	0	•	.00) '	.00	.000		00	•	.00
ICF DD	0	0		.00		.00	.000		00		.00
ICF DDN/DDCN	0	0		.00)	.00	.000		00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00) \$.00		\$	00	\$.00
HOSPITAL BASED	0	0	•	.00) .	.00	.000	•	00	•	.00
HEMODIALYSIS CENTER	0	0		.00)	.00	.000		00		.00
@REHABILITATION FACILITY	0	0	\$.00) \$.00	.000	\$	00	\$.00
HOSPITAL BASED	0	0	•	.00) .	.00	.000		00	•	.00
INDEPENDENT FACILITY	0	0		.00)	.00	.000		00		.00
@LABORATORY FACILITY	0	0	\$.00) \$.00	.000	\$	00	\$.00
PATHOLOGY	0	0		.00)	.00	.000		00		.00
XO AND OTHERS	0	0		.00)	.00	.000		00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00) \$.00	.000	\$	00	\$.00
CLINIC	0	0	•	.00)	.00	.000		00		.00
SURGICENTER	0	0		.00)	.00	.000		00		.00
HEROIN DETOX CLINIC	0	0		.00)	.00	.000		00		.00
RURAL HEALTH CLINIC	0	0		.00)	.00	.000		00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	RES I	MONTH-OF-PAYMENT	REPO	RT FOR JAN 20	003 THRU I	DEC 2003		PAGE	6,976
MOP024	FEE-FOR-SERVICE	C/DENTAL								01	L/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR REFUGEE	:S	AID	COD	ES 01 02 08 0	lΑ				
						_	MO	VA YLHTNO	/ERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	}	EXPENDITURES	3 A	VERAGE COST U	NITS/DAYS	S COST I	PER	COST	Γ PER
		OR DAYS OF CARE	;		P.	ER UNIT/DAY	PER ELIG	USEI	2	ELIG	SIBLE
@ALL OTHER PROVIDERS	0	0	\$.00) \$.00	.000	\$	00	\$.00
DURABLE MED. EQUIP.	0	0		.00)	.00	.000		00		.00
BLOOD BANK	0	0		.00)	.00	.000		00		.00

					MON	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,977
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MARIPOSA COUNTY SUMMARY OF SERVICES FOR BCCTD-FEDERAL ALD CODES ON ON OR

MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR	BCCTP-F	EDERAL	A]	ID CO	DES OM ON	0P				
								MO	TINC	LY AVERA	GE	
12 ELIGIBLES	USERS	UNITS OF			EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S (COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	8		37	\$	3,222.28	\$	87.09	3.083	\$	402.79	\$	268.52
@PHYSICIANS SERVICES	4		17	\$	632.31	\$	37.19	1.417	\$	158.08	\$	52.69
OUTPATIENT VISITS	4		5		120.00		24.00	.417		30.00		10.00
OFFICE VISITS	4		5		120.00		24.00	.417		30.00		10.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		Ö		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		Ö		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0									
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		U		.00		.00	.000		.00		.00
RADIOLOGY	2		/		379.66		54.24	.583		189.83		31.64
PSYCHIATRY	U		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	Ŧ		5		132.65	4.	26.53	.417		132.65		11.05
@PHARMACY	5		9	\$	1,807.08	\$	200.79	.750	Ş	361.42	Ş	150.59
PRESCRIPTION DRUGS	5		9		1,807.08		200.79	.750		361.42		150.59
SNF/ICF	0		0		.00		.00	.000		.00		.00
OUTPATIENTS	5		9		1,807.08		200.79	.750		361.42		150.59
MEDICAL SUPPLIES	0		0		.00		.00	.000		.00		.00
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0		0		.00		.00	.000		.00		.00
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00

0 MAXILLOFACIAL SERVICES 0 .00 .00 .000 .00 .00 0 0 .00 .00 .00 FRACTURES, DISLOCATIONS .000 .00 ORTHODONTIC SERVICES 0 0 .00 .00 .000 .00 .00 .00 0 0 .00 ALL OTHER SERVICES .00 .000 .00

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 6,978 01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL

#CALIF DEPT OF HEALTH SERV

MARIPOSA COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	BCC1P-F	EDERAL	A.	בט כנ	ODES OM ON				aп	
10 81 1018180	HOEDO INITEO O				7. T. 7.1		M				
12 ELIGIBLES		F SERVICE		EXPENDITURES		ERAGE COST					COST PER
		OF CARE		2.2		R UNIT/DAY			USER	_	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0 0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 0	Š	.00	Š	.00		Š	.00	Š	.00
FAMILY NURSE PRACTITIONER	0	Ö	Š	.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	2	7	Š	603.56	\$	86.22	.583		301.78	Š	50.30
HOSP INPATIENT TOTAL	Õ	Ó	Ψ	.00	~	.00	.000	٧	.00	٧	.00
HSC HOSPITALS	Û	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	Ö		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0				.00					
INPATIENT CROSSOVERS	0			.00			.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	<u> </u>	7		603.56		86.22	.583		301.78		50.30
MEDICAL	1	3		268.34		89.45	.250		268.34		22.36
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	2		44.17		22.09	.167		44.17		3.68
RADIOLOGY	1	2		291.05		145.53	.167		291.05		24.25
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	4.	.00	4.	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00

RADIOLOGY ROOM USE	0	0		.00		.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.000	.00	.00
#CALIF DEPT OF HEALTH SERV MOP024		S AND EXPENDITUR	ES MONT					PAGE 6,979 01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVI	CES FOR BCCTP-F	EDERAL		AID CODES OM O	N OP		
						MOI	NTHLY AVERAC	GE
12 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COS	T UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DA	Y PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	7	\$	603.56	\$ 86.22	.583	\$ 301.78	\$ 50.30
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0									
ALL OTHER INPATIENT	Ü	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	2	7		603.56		86.22	.583		301.78		50.30
MEDICAL	1	3		268.34		89.45	.250		268.34		22.36
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	2		44.17		22.09	.167		44.17		3.68
RADIOLOGY	1	2		291.05		145.53	.167		291.05		24.25
	1	2									
ROOM USE	Ü	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	·	.00	•	.00	.000		.00	•	.00
DEVELOP. DISABLED	Ô	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
	0	0	Þ		Ą			Ş		Ş	
LEV A-INTERMEDIATE	Ü	Ü		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	Ő		.00		.00	.000		.00		.00
	0		4					4		4	
@INTERMEDIATE CARE FACILDD	Ü	0	\$.00	Ş	.00		\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	Ô	Ō	\$.00	Ś	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	٧	.00	٧	.00	.000	Y	.00	Y	.00
	0										
HEMODIALYSIS CENTER	U	0	4.	.00	4.	.00	.000	4.	.00	4.	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	2	\$	30.91	\$	15.46	.167	Ś	15.46	\$	2.58
PATHOLOGY	2	2	۲	30.91	٧	15.46	.167	~	15.46	Y	2.58
	2	0									
XO AND OTHERS	U	U		.00		.00	.000		.00	_	.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$	148.42	\$	74.21	.167	Ş	74.21	Ş	12.37
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	1		48.06		48.06	.083		48.06		4.01
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		100.36		100.36	.083		100.36		8.36
#CALIF DEPT OF HEALTH SERV	MEDI-CNI CEDVIC	ES AND EXPENDITURE	'C MONT		דם חמים			חדכ		D7	AGE 6,980
			19 MOM	III-OF-PAIMENT KI	EFORT	FOR UAN	2003 11110	DEC	2003	FF	
MOP024	FEE-FOR-SERVICE				~-		0 =				01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR BCCTP-FE	DERAL	A.	TD GG	DES OM ON					
							M			GE -	
12 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S (COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER	Ε	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	Ś	.00	\$.00	.000	Ś	.00	Ś	.00
DURABLE MED. EQUIP.	0	Ö	۲	.00	٧	.00	.000	~	.00	Y	.00
~	0	0									
BLOOD BANK		0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	•		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		
	0										.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
THISTCAL THEKAPISI	U	U		.00		.00	.000		.00		.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,981 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MARIPOSA COUNTY	SUMMARY OF SERVICE	ES FOR	BCCTP-ST	TATE-ONL	Y AID	CODES 0	R OT OU	0V		
								MON	THLY AVERA	GE
00 ELIGIBLES	USERS UI	NITS OF	SERVICE		EXPENDITURES	AVERA	GE COST	UNITS/DAYS	COST PER	COST PER
	(OR DAYS	OF CARE			PER U	NIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0		0		.00		.00	.000	.00	.00
OFFICE VISITS	0		0		.00		.00	.000	.00	.00
HOME VISITS	0		0		.00		.00	.000	.00	.00
EMERGENCY ROOM	0		0		.00		.00	.000	.00	.00
PREVENTIVE CARE	0		0		.00		.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00		.00	.000	.00	.00
INPATIENT VISITS	0		0		.00		.00	.000	.00	.00
HOSPITAL VISITS	0		0		.00		.00	.000	.00	.00
CRITICAL CARE	0		0		.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000	.00	.00
EXAMINATIONS	0		0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	0		0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000	.00	.00
DIALYSIS	0		0		.00		.00	.000	.00	.00
PATHOLOGY	0		0		.00		.00	.000	.00	.00
RADIOLOGY	0		0		.00		.00	.000	.00	.00
PSYCHIATRY	0		0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000	.00	.00
@PHARMACY	0		0	\$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0		0		.00		.00	.000	.00	.00
SNF/ICF	0		0		.00		.00	.000	.00	.00
OUTPATIENTS	0		0		.00		.00	.000	.00	.00
MEDICAL SUPPLIES	0		0		.00		.00	.000	.00	.00
@DENTIST	0		0	\$.00	\$.00	.000 \$.00	\$.00

VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES M	ONTH-OF-PAYMENT REPO	RT FOR JAN 20	03 THRU DI	EC 2003	PAGE 6,982
MOP024	FEE-FOR-SERVICE/D	ENTAL					01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVIC	ES FOR BCCTP-STATE	-ONLY AID COD	ES OR OT OU O	V		
				-	MO1	THLY AVERAG	E
00 ELIGIBLES	USERS U	VITS OF SERVICE	EXPENDITURES A	VERAGE COST II	NTTS/DAYS	COST PER	COST PER

							M	TNC	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	•	.00	•	.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	•	.00	•	.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	Ė	.00	Ė	.00	.000	Ė	.00	Ė	.00
NURSE MIDWIFE	0	0	Ė	.00	Ė	.00	.000	Ė	.00	Ė	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ė	.00	Ė	.00	.000	Ė	.00	Ė	.00
FAMILY NURSE PRACTITIONER	0	0	S	.00	Ė	.00	.000	\$.00	Ė	.00
@TOTAL HOSPITAL	0	0	\$.00	Š	.00	.000	Š	.00	Š	.00
HOSP INPATIENT TOTAL	0	0	т	.00	т.	.00	.000	т	.00	т	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	~	.00	~	.00	.000	٧	.00	~	.00
HSC HOSPITALS	0	n		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	Ô	n		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
30111121112	3	ŭ		.00							

0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00		.00	.00
0	0		.00		.00	.00
0	0	.00	.00		.00	.00
0	0	.00	.00		.00	.00
0	0	.00	.00		.00	.00
		TH-OF-PAYMENT REPORT	FOR JAN 2	2003 THRU DE	C 2003	PAGE 6,983
						01/29/04
SUMMARY OF SERVICES E	OR BCCTP-STATE-0	NLY AID CODES	OR OT OU			
				MON	THLY AVERAG	E
		EXPENDITURES AVE	RAGE COST	UNITS/DAYS	COST PER	COST PER
OR I	DAYS OF CARE	PER	UNIT/DAY	PER ELIG	USER	ELIGIBLE
0	0 \$.00 \$.00			\$.00
0	0	.00	.00	.000	.00	.00
	FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES F USERS UNITS	FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR BCCTP-STATE-OR	0 0 .00 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES USERS UNITS OF SERVICE EXPENDITURES AVER OR DAYS OF CARE	0	0	0 0 0 00 00 00 00 00 000 000 000 000 0

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	_	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$		\$.00	.000 \$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$		\$.00	.000 \$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	Ô	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	Ô	0 \$.00	\$.00	.000 \$.00	
ICF DDH	0	0 0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$		\$.00	.000 \$.00	
HOSPITAL BASED	0	0 Ş	.00	.00	.000 \$.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$		\$.00	.000	.00	
HOSPITAL BASED	0	0 Ş	.00	.00	.000 \$.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	.00 \$.00	.000 \$.00	
PATHOLOGY	0	0 Ş	.00	.00	.000 \$.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
VO WIND GIVERS	U	U	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000 \$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2003 THRU DE	C 2003	PAGE 6,984
MOP024	FEE-FOR-SERVICE/DENTA	Ĺ					01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES F	OR BCCTP-STAT	TE-ONLY AID	CODES OR OT OU	J OV		
					MON'	THLY AVERAGI	Ξ
00 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR D	AYS OF CARE		PER UNIT/DAY	Y PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION			.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MARIPOSA COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,985 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR BCCTP-TOTAL

MARIPOSA COUNTI	SUMMARI OF SERV	TICES FOR BCCIP-IOIAL			MON	THLY AVERAG	2F
12 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
12 00101000	OBLIND	OR DAYS OF CARE	DAI DIDITORDO	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	8	37 \$	3,222.28	\$ 87.09	3.083 \$		\$ 268.52
@PHYSICIANS SERVICES	4	17 \$	632.31	\$ 37.19	1.417 \$		\$ 52.69
OUTPATIENT VISITS	4	5	120.00	24.00	.417	30.00	10.00
OFFICE VISITS	4	5	120.00	24.00	.417	30.00	10.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	2	7		379.66		54.24	.583		189.83		31.64
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	5		132.65		26.53	.417		132.65		11.05
@PHARMACY	5	9	\$	1,807.08	\$	200.79	.750	\$	361.42	\$	150.59
PRESCRIPTION DRUGS	5	9		1,807.08		200.79	.750		361.42		150.59
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	5	9		1,807.08		200.79	.750		361.42		150.59
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUR	RES MOI	NTH-OF-PAYMENT R	EPOR	T FOR JAN 2	2003 THRU I	DEC :	2003	PA	AGE 6,986
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	BCCTP-T	COTAL								

Average Cost Units/Days Cost Per	CF
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @OPTOMETRIST 0 \$.00 \$.00	COST PER
@OPTOMETRIST 0 0 \$.00 \$.00 <td>ELIGIBLE</td>	ELIGIBLE
DIAGNOSTIC AND ANC. PROCED 0 0 .00	\$.00
EYE APPLIANCES 0 0 .00	.00
OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .00 .00 @CHIROPRACTOR 0 0 \$.00 \$.00 .00 \$.00 VISITS 0 0 .00 .00 .00 .00 .00 OTHER SERVICES 0 0 .00 .00 .00 .00 .00	.00
@CHIROPRACTOR 0 0 \$.00 \$.00 \$.00 \$.00	.00
VISITS 0 0 .00 .00 .00 .00 OTHER SERVICES 0 0 .00 .00 .00 .00	\$.00
OTHER SERVICES 0 0 .00 .00 .00 .00	.00
	.00
	\$.00
MEDICINE/INJECTIONS 0 0 .00 .00 .00 .00	.00
SURGERY/ANES. 0 0 .00 .00 .00 .00 .00 .00	.00
RADIO./PATHOLOGY 0 0 .00 .00 .00 .00 .00	.00
OTHER 0 0 0 .00 .00 .00 .00 .00 .00	.00
@HOME HEALTH AGENCY 0 0 \$.00 \$<	\$.00
	\$.00
NURSE MIDWIFE 0 0 \$.00 \$.00 .000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER 0 0 \$.00 \$.00 .000 \$.00	\$.00
FAMILY NURSE PRACTITIONER 0 0 \$.00 \$.00 .000 \$.00	\$.00
@TOTAL HOSPITAL 2 7 \$ 603.56 \$ 86.22 .583 \$ 301.78	\$ 50.30
HOSP INPATIENT TOTAL 0 0 .00 .00 .00 .00	.00
HSC HOSPITALS 0 0 .00 .00 .00 .00	.00
NON-HSC HOSPITAL TOTAL 0 0 .00 .00 .00 .00 .00	.00
ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00	.00
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00	.00
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00	.00
ALL OTHER ACCOM 0 0 .00 .00 .00 .00	.00
ANCILLARIES 0 0 0 .00 .00 .00 .00	.00
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00	.00
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00	.00
HOSP OUTPATIENT TOTAL 2 7 603.56 86.22 .583 301.78	50.30
MEDICAL 1 3 268.34 89.45 .250 268.34	22.36

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	44.17	22.09	.167	44.17	3.68
RADIOLOGY	1	2	291.05	145.53	.167	291.05	24.25
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 6,987
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICE	S FOR BCCTP-TOTA	ΔL				
					MON	THLY AVERA	GE
12 FT.TCTRT.FC	TICEDC ITM	TTC OF CFDVICE	PYDEMDTTIDEC	AVERAGE COST	PVAG/PTTMII T	COCT DED	COCT DED

IS OF SERVICE DAYS OF CARE 7 \$	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
DAYS OF CARE 7 \$	602 56	PER UNIT/DAY	PER ELIG	TICED	ET TOTE
7 \$	CO2 FC				ЕПТОТОПЕ
	603.56	\$ 86.22	.583 \$	301.78	\$ 50.30
0	.00	.00	.000	.00	.00
0	.00	.00	.000	.00	.00
0	.00	.00	.000	.00	.00
0	.00	.00	.000	.00	.00
0	.00	.00	.000	.00	.00
0	.00	.00	.000	.00	.00
0	.00	.00	.000	.00	.00
0	.00	.00	.000	.00	.00
0	.00	.00	.000	.00	.00
0	.00	.00	.000	.00	.00
7	603.56	86.22	.583	301.78	50.30
3	268.34	89.45	.250	268.34	22.36
0	.00	.00	.000	.00	.00
2	44.17	22.09	.167	44.17	3.68
2	291.05	145.53	.167	291.05	24.25
0	.00	.00	.000	.00	.00
0	.00	.00	.000	.00	.00
0 \$.00	\$.00	.000 \$.00	\$.00
0	.00	.00	.000	.00	.00
0	.00	.00	.000	.00	.00
0 \$.00	\$.00	.000 \$.00	\$.00
0	.00	.00	.000	.00	.00
0	.00	.00	.000	.00	.00
0	.00	.00	.000	.00	.00
0	.00	.00	.000	.00	.00
0	.00	.00	.000	.00	.00
0	.00	.00	.000	.00	.00
0 \$.00	\$.00	.000 \$.00	\$.00
0	.00	.00	.000	.00	.00
0	.00	.00	.000	.00	.00
	0 \$ 0 0 0 \$ 0 0 0 0 0 0 0 0 0 \$	0	0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 7 603.56 86.22 3 268.34 89.45 0 .00 .00 2 44.17 22.09 2 291.05 145.53 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 <	0 .00 .00 .00 .000 0 .00 .00 .000 .000 0 .00 .00 .000 .000 0 .00 .00 .000 .000 0 .00 .00 .000 .000 7 603.56 86.22 .583 3 268.34 89.45 .250 0 .00 .00 .000 2 44.17 22.09 .167 2 291.05 145.53 .167 0 .00 .00 .000 0 .00 .00 .000 0 .00 .00 .000 0 .00 .00 .000 0 .00 .00 .000 0 .00 .00 .000 0 .00 .00 .000 0 .00 .00 .000 0 .00 .00 .000 0 .00 .00 .000 0 <td< td=""><td>0 .00 .00 .000 .000 .000 0 .00 .00 .000 .000 .000 0 .00 .00 .000 .000 .000 0 .00 .00 .000 .000 .000 0 .00 .00 .000 .000 .000 0 .00 .00 .000 .000 .000 7 603.56 86.22 .583 301.78 3 268.34 89.45 .250 268.34 0 .00 .00 .000 .000 .00 2 44.17 22.09 .167 44.17 2 291.05 145.53 .167 291.05 0 .00 .00 .000 .000 0 .00 .00 .000 .000 0 .00 .00 .000 .000 0 .00 .00 .000 .000 0 .00 .00 .000 .000 0 .00</td></td<>	0 .00 .00 .000 .000 .000 0 .00 .00 .000 .000 .000 0 .00 .00 .000 .000 .000 0 .00 .00 .000 .000 .000 0 .00 .00 .000 .000 .000 0 .00 .00 .000 .000 .000 7 603.56 86.22 .583 301.78 3 268.34 89.45 .250 268.34 0 .00 .00 .000 .000 .00 2 44.17 22.09 .167 44.17 2 291.05 145.53 .167 291.05 0 .00 .00 .000 .000 0 .00 .00 .000 .000 0 .00 .00 .000 .000 0 .00 .00 .000 .000 0 .00 .00 .000 .000 0 .00

ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	Ġ	.00	ė	.00	.000		Ś	.00
HOSPITAL BASED	0	0	Ą	.00	Ą	.00	.000	.00	Ą	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	Ś	.00	.000	\$.00	Ġ	.00
HOSPITAL BASED	0	0	Ÿ	.00	Y	.00	.000	.00	Y	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	2	2	\$	30.91	\$	15.46			Ġ	2.58
PATHOLOGY	2	2	٧	30.91	Y	15.46	.167	15.46	Y	2.58
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	2	2	Ś	148.42	\$	74.21	.167		\$	12.37
CLINIC	0	0	τ	.00	Υ	.00	.000	.00	τ.	.00
SURGICENTER	1	i i		48.06		48.06	.083	48.06		4.01
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	1	1		100.36		100.36	.083	100.36		8.36
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURE	ES MOI	NTH-OF-PAYMENT RE	EPORT	FOR JAN 2		DEC 2003	P.	AGE 6,988
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	BCCTP-TC	TAL							
							M	ONTHLY AVERA	AGE	
12 ELIGIBLES	USERS UNITS OF	SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S COST PER		COST PER
	OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00

@ALL OTHER PROVIDERS	0	0 \$.00 \$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,989
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MARIPOSA COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

----- MONTHLY AVERAGE -----37 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

@TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES	0	0 \$.00	\$.00 \$.00	.000 \$.00	; .00 ; .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

TNIDAMTENIM HACDIMAT CHICARDU	_	_								
INPATIENT HOSPITAL SURGERY	0	0	.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
	0	0								
ANESTHESIOLOGIST	U	U	.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0	.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
	0	0								
ANESTHESIOLOGIST	U	U	.00		.00	.000		.00		.00
DIALYSIS	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
	0	0								
PSYCHIATRY	0	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0	.00		.00	.000		.00		.00
@PHARMACY	0	0 \$.00	\$.00		\$.00	\$.00
	0	· ·		Ą			Ą		Ą	
PRESCRIPTION DRUGS	0	0	.00		.00	.000		.00		.00
SNF/ICF	0	0	.00		.00	.000		.00		.00
OUTPATIENTS	0	0	.00		.00	.000		.00		.00
	0									
MEDICAL SUPPLIES	U	0	.00		.00	.000		.00		.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00		.00	.000		.00		.00
ORAL SURGERY	0	0	.00		.00	.000		.00		.00
	0	0								
DRUGS	Ü	U	.00		.00	.000		.00		.00
ANESTHESIA	0	0	.00		.00	.000		.00		.00
PERIODONTICS	0	0	.00		.00	.000		.00		.00
	0	0	.00		.00	.000		.00		.00
ENDODONTICS	0	0								
RESTORATIVE DENTISTRY	0	0	.00		.00	.000		.00		.00
PROSTHETICS	0	0	.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0	.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0	.00		.00	.000		.00		.00
	U	U								
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000		.00		.00
TRACTIONS BEGINS										
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000		.00		.00
•	0	0								
ORTHODONTIC SERVICES	0	0	.00		.00	.000		.00		.00
ORTHODONTIC SERVICES ALL OTHER SERVICES	0 0 0	0 0 0	.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0 0 0 MEDI-CAL SERVIC	0 0 0 ES AND EXPENDITURES	.00	EPOR'	.00	.000	DEC 20	.00	PA	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES			.00	EPOR'	.00	.000	DEC 20	.00	PA	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	C/DENTAL	.00 .00 MONTH-OF-PAYMENT R	EPOR'	.00 .00 I FOR JAN	.000 .000 2003 THRU I	DEC 20	.00	PA	.00 .00 GE 6,990
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	FEE-FOR-SERVICE		.00 .00 MONTH-OF-PAYMENT R	EPOR'	.00	.000 .000 2003 THRU I		.00		.00 .00 GE 6,990 01/29/04
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	C/DENTAL VICES FOR QMB - ONLY	.00 .00 MONTH-OF-PAYMENT R		.00 .00 I FOR JAN :	.000 .000 2003 THRU I 80	ONTHLY	.00 .00 03	AGE -	.00 .00 GE 6,990 01/29/04
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	C/DENTAL	.00 .00 MONTH-OF-PAYMENT R		.00 .00 I FOR JAN :	.000 .000 2003 THRU I	ONTHLY	.00	AGE -	.00 .00 GE 6,990 01/29/04
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	C/DENTAL VICES FOR QMB - ONLY	.00 .00 MONTH-OF-PAYMENT R	AVI	.00 .00 I FOR JAN :	.000 .000 2003 THRU I 80 MC UNITS/DAYS	ONTHLY S COS'	.00 .00 03	AGE -	.00 .00 GE 6,990 01/29/04
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 37 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	COMENTAL VICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE	.00 .00 MONTH-OF-PAYMENT R EXPENDITURES	AVI PEI	.00 .00 T FOR JAN : AID CODE ERAGE COST R UNIT/DAY	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG	ONTHLY S COST	.00 .00 03 AVERA I PER SER	AGE C(E:	.00 .00 GE 6,990 01/29/04 OST PER LIGIBLE
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 37 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE SUMMARY OF SERV	C/DENTAL VICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$.00 .00 MONTH-OF-PAYMENT R EXPENDITURES .00	AVI	.00 .00 I FOR JAN : AID CODE ERAGE COST R UNIT/DAY .00	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000	ONTHLY S COST	.00 .00 03 AVERA I PER SER .00	AGE -	.00 .00 GE 6,990 01/29/04 OST PER LIGIBLE .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 37 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE SUMMARY OF SERV USERS	C/DENTAL VICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	.00 .00 MONTH-OF-PAYMENT R EXPENDITURES .00 .00	AVI PEI	.00 .00 I FOR JAN : AID CODE ERAGE COST R UNIT/DAY .00 .00	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000	ONTHLY S COST	.00 .00 03 AVERA I PER SER .00 .00	AGE C(E:	.00 .00 GE 6,990 01/29/04 OST PER LIGIBLE .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 37 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS	C/DENTAL VICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$.00 .00 MONTH-OF-PAYMENT R EXPENDITURES .00	AVI PEI	.00 .00 I FOR JAN : AID CODE ERAGE COST R UNIT/DAY .00	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000	ONTHLY S COST	.00 .00 03 AVERA I PER SER .00	AGE C(E:	.00 .00 GE 6,990 01/29/04 OST PER LIGIBLE .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 37 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE SUMMARY OF SERV USERS	C/DENTAL VICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	.00 .00 MONTH-OF-PAYMENT R EXPENDITURES .00 .00	AVI PEI	.00 .00 I FOR JAN : AID CODE ERAGE COST R UNIT/DAY .00 .00	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000	ONTHLY S COST	.00 .00 03 AVERA I PER SER .00 .00	AGE C(E:	.00 .00 GE 6,990 01/29/04 OST PER LIGIBLE .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 37 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	C/DENTAL VICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	.00 .00 MONTH-OF-PAYMENT R EXPENDITURES .00 .00 .00	AVI PEI \$.00 .00 I FOR JAN : AID CODE ERAGE COST R UNIT/DAY .00 .00 .00	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000	ONTHLY S COS' U: \$.00 .00 03 AVERA I PER SER .00 .00	AGE - C E S	.00 .00 .00 .01/29/04 OST PER LIGIBLE .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 37 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE SUMMARY OF SERV USERS	C/DENTAL VICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	.00 .00 MONTH-OF-PAYMENT R EXPENDITURES .00 .00 .00	AVI PEI	.00 .00 I FOR JAN : AID CODE ERAGE COST R UNIT/DAY .00 .00 .00	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000	ONTHLY S COS' U: \$.00 .00 03 AVERA I PER SER .00 .00 .00	AGE C(E:	.00 .00 .00 .01/29/04 OST PER LIGIBLE .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 37 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	FEE-FOR-SERVICE SUMMARY OF SERV USERS	C/DENTAL VICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0	.00 .00 MONTH-OF-PAYMENT R EXPENDITURES .00 .00 .00 .00	AVI PEI \$.00 .00 I FOR JAN : AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000 .000	ONTHLY S COS' U: \$.00 .00 03 AVERA I PER SER .00 .00 .00	AGE - C E S	.00 .00 .00 GE 6,990 01/29/04 OST PER LIGIBLE .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 37 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE SUMMARY OF SERV USERS	C/DENTAL VICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	.00 .00 MONTH-OF-PAYMENT R EXPENDITURES .00 .00 .00	AVI PEI \$.00 .00 I FOR JAN : AID CODE ERAGE COST R UNIT/DAY .00 .00 .00	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000	ONTHLY S COS' U: \$.00 .00 03 AVERA I PER SER .00 .00 .00	AGE - C E S	.00 .00 .00 .01/29/04 OST PER LIGIBLE .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 37 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	C/DENTAL VICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0	.00 .00 MONTH-OF-PAYMENT R EXPENDITURES .00 .00 .00 .00	AVI PEI \$.00 .00 I FOR JAN : AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000 .000	ONTHLY S COS' U: \$.00 .00 03 AVERA I PER SER .00 .00 .00	AGE - C' C' \$.00 .00 .00 GE 6,990 01/29/04 OST PER LIGIBLE .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 37 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0	C/DENTAL VICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 \$ 0 0 \$ 0	.00 .00 MONTH-OF-PAYMENT R EXPENDITURES .00 .00 .00 .00	AVI PEI \$.00 .00 I FOR JAN : AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000	ONTHLY S COS' U: \$.00 .00 03 AVERA I PER .00 .00 .00 .00	AGE - C E S	.00 .00 .00 GE 6,990 01/29/04 OST PER LIGIBLE .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 37 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0	C/DENTAL VICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0	.00 .00 MONTH-OF-PAYMENT R EXPENDITURES .00 .00 .00 .00 .00	AVI PEI \$.00 .00 I FOR JAN : AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000	ONTHLY S COS' U: \$.00 .00 03 AVERA I PER SER .00 .00 .00 .00	AGE - C' C' \$.00 .00 .00 GE 6,990 01/29/04 OST PER LIGIBLE .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 37 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C/DENTAL VICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 \$ 0 0 \$ 0 0 \$ 0 0 0 0 0	.00 .00 MONTH-OF-PAYMENT R EXPENDITURES .00 .00 .00 .00 .00 .00	AVI PEI \$.00 .00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000	ONTHLY S COS' U: \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AGE - C' C' \$.00 .00 .00 GE 6,990 01/29/04 OST PER LIGIBLE .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 37 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0	C/DENTAL VICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0	.00 .00 MONTH-OF-PAYMENT R EXPENDITURES .00 .00 .00 .00 .00	AVI PEI \$.00 .00 I FOR JAN : AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000	ONTHLY S COS' U: \$.00 .00 03 AVERA I PER SER .00 .00 .00 .00	AGE - C' C' \$.00 .00 .00 GE 6,990 01/29/04 OST PER LIGIBLE .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 37 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C/DENTAL VICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 \$ 0 0 \$ 0 0 \$ 0 0 0 0 0	.00 .00 MONTH-OF-PAYMENT R EXPENDITURES .00 .00 .00 .00 .00 .00	AVI PEI \$.00 .00 I FOR JAN : AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTHLY S COS' U: \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AGE - C' C' \$.00 .00 .00 .00 .01/29/04 OST PER LIGIBLE .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 37 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C/DENTAL VICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 \$ 0 \$ 0 0 \$ 0 0 0 0 0 0 0	.00 .00 MONTH-OF-PAYMENT R EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI \$.00 .00 I FOR JAN : AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTHLY S COS' S \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AGE C' E: \$.00 .00 .00 .00 .01/29/04 OST PER LIGIBLE .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 37 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C/DENTAL VICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 \$.00 .00 MONTH-OF-PAYMENT R EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI \$.00 .00 I FOR JAN : AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTHLY COS U: \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AGE - C' E: \$ \$ \$.00 .00 .00 .00 .01/29/04 OST PER LIGIBLE .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 37 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C/DENTAL VICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 5 0 0 0 0	.00 .00 MONTH-OF-PAYMENT R EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI \$ \$ \$.00 .00 I FOR JAN : AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTHLY COS U: \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AGE - CI E: \$ \$ \$ \$.00 .00 .00 .00 .01/29/04 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 37 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C/DENTAL VICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0	.00 .00 MONTH-OF-PAYMENT R EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI \$.00 .00 I FOR JAN : AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTHLY COS U: \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AGE - C' E: \$ \$ \$.00 .00 .00 .00 .01/29/04 OST PER LIGIBLE .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 37 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C/DENTAL VICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0	.00 .00 MONTH-OF-PAYMENT R EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI \$ \$ \$.00 .00 I FOR JAN : AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTHLY S COS' \$ \$ \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AGE - CI E: \$ \$ \$ \$.00 .00 .00 .00 .01/29/04 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 37 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	COUNTAL VICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O	.00 .00 MONTH-OF-PAYMENT R EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI \$ \$ \$.00 .00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	DNTHLY S COS' \$ \$ \$ \$ \$ \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AGE - C' E: \$.00 .00 .00 .00 .01/29/04 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 37 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	COUNTAL VICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O S O O S O S O S O S O S O O	.00 .00 MONTH-OF-PAYMENT R EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI \$ \$ \$ \$.00 .00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	DNTHLY S COS' \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	4GE - C' E: \$.00 .00 .00 .00 .01/29/04 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 37 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER @TOTAL HOSPITAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	COUNTAL VICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O	.00 .00 MONTH-OF-PAYMENT R EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI \$ \$ \$.00 .00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	DNTHLY S COS' \$ \$ \$ \$ \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AGE - C' E: \$.00 .00 .00 .00 .01/29/04 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 37 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	COUNTAL VICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O S O O S O S O S O S O S O O	.00 .00 MONTH-OF-PAYMENT R EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI \$ \$ \$ \$.00 .00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	DNTHLY S COS' \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	4GE - C' E: \$.00 .00 .00 .00 .01/29/04 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 37 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER @TOTAL HOSPITAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	COUNTAL VICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O	.00 .00 MONTH-OF-PAYMENT R EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI \$ \$ \$ \$.00 .00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 2003 THRU I 80 MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	DNTHLY S COS' \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	4GE - C' E: \$.00 .00 .00 .00 .01/29/04 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

NON HISC HOSETIAL TOTAL	O	O	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	Õ	0	.00	.00	.000	.00	.00
	0	0					
ANCILLARIES	Ü	U	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	Û	.00	.00	.000	.00	.00
	0	0		.00	.000	.00	
SURGERY	U	U	.00				.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0 \$					•
	U	U	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	Õ	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	U	U	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	Õ	0	.00	.00	.000	.00	.00
	0	0					
SURGERY	U	U	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MONT					PAGE 6,991
			.H-OF-PAIMENI KE	PORT FOR UAL	1 2003 IRKU L	DEC 2003	
MOP024	FEE-FOR-SERVICE/						01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVI	CES FOR QMB - ONLY		AID COI	DE 80		
					MC	NTHLY AVERA	GE
37 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS	ST UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			AY PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000		\$.00
	0	0	.00	•	.000	.00	•
COMM HOSP INPATIENT TOTAL	0	0		.00			.00
HSC HOSPITALS	U	U	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	Λ	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	U	O O					0.0
ALL OTHER ACCOM	0	0				0.0	()()
	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0 0 0	.00 .00 .00	.00 .00 .00	.000 .000 .000	.00	.00
INPATIENT CROSSOVERS	0 0 0 0	0 0 0 0	.00	.00	.000	.00	.00
	0 0 0 0 0	0 0 0 0 0	.00 .00 .00	.00 .00 .00	.000 .000 .000	.00	.00
INPATIENT CROSSOVERS ALL OTHER INPATIENT	0 0 0 0 0		.00 .00 .00 .00	.00 .00 .00 .00	.000 .000 .000 .000	.00 .00 .00	.00 .00 .00
INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	0	0	.00 .00 .00 .00 .00	.00 .00 .00 .00 .00	.000 .000 .000 .000 .000	.00 .00 .00 .00	.00 .00 .00 .00
INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	0	0 0	.00 .00 .00 .00 .00	.00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00	.00 .00 .00 .00 .00
INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	0 0 0	0 0 0	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00	.00 .00 .00 .00 .00
INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	0 0 0 0	0 0 0 0	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00
INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	0 0 0 0 0	0 0 0 0 0	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00
INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	0 0 0 0	0 0 0 0	.00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00
INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	0 0 0 0 0	0 0 0 0 0	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00
INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0 0 0 0 0	0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00
INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL	0 0 0 0 0 0 0	0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00
INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL	0 0 0 0 0 0 0	0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00

NON-HSC HOSPITAL TOTAL

0

0

.00

.00

.000

.00

.00

@NURSING FACILITY	0	0	Ġ	.00	\$.00	.000	\$.00	Ś	.00
LEV A-INTERMEDIATE	0	0	•	.00	•	.00	.000	•	.00	•	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	9 0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.	.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	•	.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	RES M	IONTH-OF-PAYMENT R	EPORT FOR	JAN	2003 THRU	DEC	2003	PA	GE 6,992
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	QMB -	ONLY		AID	CODE					
25		_ ~	_			~~~		-	HLY AVERA	_	
37 ELIGIBLES		F SERVIC		EXPENDITURES			UNITS/DAY	-	COST PER	_	OST PER
	OR DAY	S OF CAR	E	0.0	PER UNIT				USER		LIGIBLE
@ALL OTHER PROVIDERS	0	0	Ş	.00		.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	U	U		.00		.00	.000		.00		.00
BLOOD BANK	U	U		.00		.00	.000		.00		.00

37 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	-	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00

@XOVER EXCLUDING STATE HOSP** 0 .00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,993

MOP024 FEE-FOR-SERVICE/DENTAL

01/29/04 MARIPOSA COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

MARIPOSA COUNTY	SUMMARY OF SERVI	CES FOR	133% PR(JGRAM	AID (CODES /2 /4 8N			
								NTHLY AVERA	
287 ELIGIBLES	USERS	UNITS OF			EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS	OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	89		332	\$	16,893.42	\$ 50.88	1.157		\$ 58.86
@PHYSICIANS SERVICES	16		59	\$	1,371.77	\$ 23.25	.206		\$ 4.78
OUTPATIENT VISITS	9		12		359.87	29.99	.042	39.99	1.25
OFFICE VISITS	9		10		282.54	28.25	.035	31.39	.98
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1		1		44.60	44.60	.003	44.60	.16
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	1		1		32.73	32.73	.003	32.73	.11
INPATIENT VISITS	0		0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00	.00
CRITICAL CARE	0		0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		Ö		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		Õ		.00	.00	.000	.00	.00
EXAMINATIONS	0		Ö		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1		1		45.79	45.79	.003	45.79	.16
PRINCIPAL SURGEON	1		1		45.79	45.79	.003	45.79	.16
ASSISTANT SURGEON	, , , , , , , , , , , , , , , , , , ,		0		.00	.00	.003	.00	.00
	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		26						
OUTPATIENT SURGERY	3				554.25	21.32	.091	184.75	1.93
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	3		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3		26		554.25	21.32	.091	184.75	1.93
DIALYSIS	0		0		.00	.00	.000	.00	.00
PATHOLOGY	3		6		63.27	10.55	.021	21.09	.22
RADIOLOGY	4		13		313.35	24.10	.045	78.34	1.09
PSYCHIATRY	0		0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1		1		35.24	35.24	.003	35.24	.12
OTHER SERVICES/ALL X-OVERS	0		0		.00	.00	.000	.00	.00
@PHARMACY	34		60	\$	1,619.11	\$ 26.99	.209		\$ 5.64
PRESCRIPTION DRUGS	34		60		1,619.11	26.99	.209	47.62	5.64
SNF/ICF	0		0		.00	.00	.000	.00	.00
OUTPATIENTS	34		60		1,619.11	26.99	.209	47.62	5.64
MEDICAL SUPPLIES	0		0		.00	.00	.000	.00	.00
@DENTIST	9		109	\$	4,222.09	\$ 38.73	.380		\$ 14.71
VISITS - DIAGNOSTIC	8		50		776.00	15.52	.174	97.00	2.70
ORAL SURGERY	2		8		318.00	39.75	.028	159.00	1.11
DRUGS	0		0		.00	.00	.000	.00	.00
ANESTHESIA	0		0		.00	.00	.000	.00	.00
PERIODONTICS	0		0		.00	.00	.000	.00	.00
ENDODONTICS	4		11		781.00	71.00	.038	195.25	2.72
RESTORATIVE DENTISTRY	7		35		1,768.00	50.51	.122	252.57	6.16
PROSTHETICS	0		0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0		Ö		.00	.00	.000	.00	.00
SPACE MAINTAINERS	2		4		453.00	113.25	.014	226.50	1.58
MAXILLOFACIAL SERVICES	1		1		126.09	126.09	.003	126.09	.44
FRACTURES, DISLOCATIONS	0		0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0		0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0		0		.00	.00	.000	.00	.00
THE CHIER DERVICED	O .		J		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 6,994
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MARIPOSA COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

MARIPOSA COUNTI	SOMMAKI OF SEKA	TCES FOR	T222 PK	JGRAM	AID (CODES	/Z /4 ON	OP				
								M	TNC	HLY AVERA	GE	
287 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVEF	RAGE COST	UNITS/DAY	S (COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00

	2	2		0.0		0.0	0.00		0.0		2.0
RADIO./PATHOLOGY	Ü	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	S	.00	\$.00	.000	Ś	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	Ō	0	ď	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	ς.		\$.00	.000	\$.00		.00
	0		ې ط	.00						\$	
@TOTAL HOSPITAL	9	31	\$	5,261.55	\$	169.73	.108	\$	584.62	\$	18.33
HOSP INPATIENT TOTAL	2	3		4,466.25		1488.75	.010		2233.13		15.56
HSC HOSPITALS	2	3		4,466.25		1488.75	.010		2233.13		15.56
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	Ů.	0		.00		.00	.000		.00		.00
	0	0									
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	Ü	Ü		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	7	28		795.30		28.40	.098		113.61		2.77
MEDICAL	5	6		197.74		32.96	.021		39.55		.69
SURGERY	1	1		67.17		67.17	.003		67.17		.23
PATHOLOGY	1	0		74.42		9.30	.028		18.61		.26
	2	0									
RADIOLOGY	4	2		48.25		24.13	.007		24.13		.17
ROOM USE	6	8		378.67		47.33	.028		63.11		1.32
CROSSOVERS/ALL OTH OUTPTNT	3	3		29.05		9.68	.010		9.68		.10
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
	0	0									
ADMINISTRATIVE DAYS	Ü	Ü		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
	0	0									
SURGERY	U	U		.00		.00	.000		.00		.00
PATHOLOGY	Ü	Ü		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	RES MON	TH-OF-PAYMENT RI	EPOR'	r for jan 2	2003 THRU	DEC	2003	PAG	E 6,995
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR 133% PF	ROGRAM	AID (CODE	S 72 74 8N	8P				
111111111111111111111111111111111111111	SOLUTION OF SERVI	1020 1011 1000 11			0022	0 /2 /1 011		ОМТ	HLY AVERA	GE	
287 ELIGIBLES	USERS	UNITS OF SERVICE	,	EXPENDITURES	7/17	ERAGE COST			COST PER		ST PER
ZO/ EDIGIBLES	OSEKS			EXPENDITORES							
	0	OR DAYS OF CARE		F 061 FF		R UNIT/DAY			USER		IGIBLE
@COMMUNITY HOSPITAL TOTAL	9	31	\$	5,261.55	\$	169.73	.108	\$	584.62	Ş	18.33
COMM HOSP INPATIENT TOTAL	2	3		4,466.25		1488.75	.010		2233.13		15.56
HSC HOSPITALS	2	3		4,466.25		1488.75	.010		2233.13		15.56
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
	•										.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

COMM HOSP OUTPATIENT TOTAL	7	28		795.30		28.40	.098		113.61		2.77
MEDICAL	5	6		197.74		32.96	.021		39.55		.69
SURGERY	1	1		67.17		67.17	.003		67.17		.23
PATHOLOGY	4	8		74.42		9.30	.028		18.61		.26
RADIOLOGY	2	2		48.25		24.13	.007		24.13		.17
ROOM USE	6	8		378.67		47.33	.028		63.11		1.32
CROSSOVERS/ALL OTH OUTPTNT	3	3		29.05		9.68	.010		9.68		.10
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
MENTALLY ILL	0	0	т	.00	4	.00	.000	т	.00	-	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	т	.00	4	.00	.000	т.	.00	-	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	Υ	.00	٧	.00	.000	٧	.00	~	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	τ	.00	τ	.00	.000	Ψ.	.00	~	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	τ	.00	τ	.00	.000	Ψ.	.00	~	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	10.11	\$	10.11	.003	Ś	10.11	Ś	.04
PATHOLOGY	1	1	τ	10.11	τ	10.11	.003	Ψ.	10.11	~	.04
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	34	64	\$	4,246.83	\$	66.36	.223	Ś	124.91	Ś	14.80
CLINIC	5	9	τ	192.49	τ	21.39	.031	Ψ.	38.50	Τ.	.67
SURGICENTER	3	24		924.84		38.54	.084		308.28		3.22
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	26	31		3,129.50		100.95	.108		120.37		10.90
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		JRES MON		EPORT			DEC		P	AGE 6,996
MOP024	FEE-FOR-SERVICE/										01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVI		PROGRAM	AID	CODES	72 74 8N	8P				01/22/01
111111111111111111111111111111111111111		1022 1011 1000 1		1122	00222	, , , , , , , , , , , , , , , , , , , ,	M	ONT	HLY AVERA	GE	
287 ELIGIBLES	USERS	UNITS OF SERVICE	CE	EXPENDITURES	AVE	RAGE COST				_	COST PER
-3:		OR DAYS OF CAR				UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	5	8	\$	161.96	\$	20.25	.028		32.39		.56
DUDADLE MED EQUID	0	0	Υ	101.50	Υ	00	000				.50

					MON	THLY AVERA	GE
287 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	5	8 \$	161.96	\$ 20.25	.028 \$	32.39	\$.56
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00

PSYCHOLOGIST	0	0	.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3	117.72	39	.24	.010	117.72	.41
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	5	44.24	8	.85	.017	11.06	.15
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 6,997

01/29/04

MARIPOSA COUNTY	SUMMARY OF SERV	JICES FOR 100% PROGRAM	AID	CODES 7A 7C 8R	8T		, , , ,
					MONT	THLY AVERA	GE
262 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	121	539 \$	27,159.03	\$ 50.39	2.057 \$	224.45	\$ 103.66
@PHYSICIANS SERVICES	19	105 \$	3,064.38	\$ 29.18	.401 \$	161.28	\$ 11.70
OUTPATIENT VISITS	7	62	514.68	8.30	.237	73.53	1.96
OFFICE VISITS	5	5	128.72	25.74	.019	25.74	.49
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	57	385.96	6.77	.218	192.98	1.47
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	104.23	52.12	.008	52.12	.40
EXAMINATIONS	2	2	104.23	52.12	.008	52.12	.40
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	12	362.56	30.21	.046	181.28	1.38
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	1	1	186.50	186.50	.004	186.50	.71
ANESTHESIOLOGIST	1	11	176.06	16.01	.042	176.06	.67
OUTPATIENT SURGERY	2	4	807.76	201.94	.015	403.88	3.08
PRINCIPAL SURGEON	2	3 0	777.90	259.30	.011	388.95	2.97
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	1	29.86	29.86	.004	29.86	.11
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	10	52.97	5.30	.038	17.66	.20
RADIOLOGY	7	7	1,036.21	148.03	.027	148.03	3.96
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	4	122.28	30.57	.015	61.14	.47
OTHER SERVICES/ALL X-OVERS	2	4	63.69	15.92	.015	31.85	.24
@PHARMACY	35	68 \$	3,150.94	\$ 46.34	.260 \$	90.03	\$ 12.03
PRESCRIPTION DRUGS	35	68	3,150.94	46.34	.260	90.03	12.03
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	35	68	3,150.94	46.34	.260	90.03	12.03
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	22	120 \$	5,239.25	\$ 43.66	.458 \$	238.15	\$ 20.00
VISITS - DIAGNOSTIC	14	72	1,071.00	14.88	.275	76.50	4.09
ORAL SURGERY	4	12	965.00	80.42	.046	241.25	3.68
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.004	100.00	.38

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	3	4	284.00	71.00	.015	94.67	1.08
RESTORATIVE DENTISTRY	4	17	899.00	52.88	.065	224.75	3.43
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	3	3	400.25	133.42	.011	133.42	1.53
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	9	11	1,520.00	138.18	.042	168.89	5.80
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON	TH-OF-PAYMENT REPORT	FOR JAN 200	3 THRU DEC	2003	PAGE 6,998
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FO	R 100% PROGRAM	AID CODES	7A 7C 8R 87	Γ		
					MON'	THLY AVERAG	GE

MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	. Т(00% PR	JGRAM	AID (CODE	S 7A 7C 8R					
										HLY AVERA	GE	
262 ELIGIBLES	USERS UNITS O				EXPENDITURES		ERAGE COST					COST PER
	OR DAY	S OF	F CARE			PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2		5	\$	137.75	\$	27.55	.019	\$	68.88	\$.53
DIAGNOSTIC AND ANC. PROCED	2		2	·	94.90	·	47.45	.008	•	47.45		.36
EYE APPLIANCES	_ 1		3		42.85		14.28	.011		42.85		.16
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	3		4	\$	66.88	\$	16.72	.015	۲,	22.29	بے	.26
	3		4	Ş		Ą			Ą		Ą	
VISITS	3				66.88		16.72	.015		22.29		. 26
OTHER SERVICES	0		0	4.	.00		.00	.000	4.	.00	4.	.00
@PODIATRIST	0		0	\$.00	\$.00	.000	Ş	.00	Ş	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	2		2	\$	89.13	\$	44.57	.008	\$	44.57	\$.34
NURSE ANESTHESIST	0		0	S	.00	\$.00	.000		.00	Ė	.00
NURSE MIDWIFE	Û		0	\$.00	Š	.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	0		0	Ģ.		\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0		0	٠ ب	.00	ب ب	.00	.000		.00		.00
	27		87	Ş d		Ş						36.18
@TOTAL HOSPITAL	2 /		.	\$	9,478.59	Ş	108.95	.332	Ş	351.06	Ş	
HOSP INPATIENT TOTAL	1		6		7,382.70		1230.45	.023		7382.70		28.18
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1		6		7,382.70		1230.45	.023		7382.70		28.18
ACCOMMODATIONS	1		6		2,963.61		493.94	.023		2963.61		11.31
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1		6		2,963.61		493.94	.023		2963.61		11.31
ANCILLARIES	1		0		4,419.09		.00	.000		4419.09		16.87
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	26		81		2,095.89		25.88	.309		80.61		8.00
MEDICAL	17		21		848.11		40.39	.080		49.89		3.24
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	11		26		212.88		8.19	.099		19.35		.81
	5		5		166.18		33.24	.019		33.24		.63
RADIOLOGY												
ROOM USE	19		22		802.60		36.48	.084		42.24		3.06
CROSSOVERS/ALL OTH OUTPTNT	6		7		66.12		9.45	.027		11.02		. 25
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	Õ		0		.00		.00	.000		.00		.00
	O .		J		.00		.00	.000		. 50		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON'	TH-OF-PAYMENT REPORT	FOR JAN 20	3 THRU DEC	2003	PAGE 6,999
MOP024	FEE-FOR-SERVICE/DENTAL	<u>.</u>					01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FO	OR 100% PROGRAM	AID CODES	7A 7C 8R 8'	[
					MON'	THLY AVERAC	E
262 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES AVE	RAGE COST U	NITS/DAYS	COST PER	COST PER
	OR DA	AYS OF CARE	PER	UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	27	87 \$	9,478.59 \$	108.95	.332 \$	351.06	\$ 36.18

COMM HOSP INPATIENT TOTAL	1	6		7,382.70		1230.45	.023		7382.70		28.18
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	1	6		7,382.70		1230.45	.023		7382.70		28.18
ACCOMMODATIONS	1	6		2,963.61		493.94	.023		2963.61		11.31
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	6		2,963.61		493.94	.023		2963.61		11.31
ANCILLARIES	1	0		4,419.09		.00	.000		4419.09		16.87
INPATIENT CROSSOVERS	0	Ö		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	Ö		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	26	81		2,095.89		25.88	.309		80.61		8.00
MEDICAL	17	21		848.11		40.39	.080		49.89		3.24
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	11	26		212.88		8.19	.099		19.35		.81
RADIOLOGY	5	5		166.18		33.24	.019		33.24		.63
ROOM USE	19	22		802.60		36.48	.019		42.24		3.06
CROSSOVERS/ALL OTH OUTPTNT		7		66.12		9.45	.027		11.02		.25
	0	0	ċ.	.00	\$.00	.000	۲,	.00	۲,	.00
@STATE HOSPITAL	0	0	\$		Ą			Ą		Ą	
MENTALLY ILL	0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	4	.00	4	.00	.000	4	.00	4	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
LEV A-INTERMEDIATE	0	U		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	U		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	3	\$	27.51	\$	9.17	.011	\$	27.51	\$.11
PATHOLOGY	1	3		27.51		9.17	.011		27.51		.11
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	34	70	\$	5,159.46	\$	73.71	.267	\$	151.75	\$	19.69
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	3	18		693.63		38.54	.069		231.21		2.65
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	32	52		4,465.83		85.88	.198		139.56		17.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO		RES M	ONTH-OF-PAYMENT RI	EPORT	FOR JAN 20	003 THRU	DEC	2003	P	PAGE 7,000
MOP024	FEE-FOR-SERVICE										01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR 100% PF	ROGRA	M AID (CODES	7A 7C 8R 8	BT				
						_	M	ONT	HLY AVERA	GE	
262 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	RAGE COST U	JNITS/DAY	S (COST PER		COST PER
	0.0	OR DAYS OF CARE				UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	18	75	\$	745.14	\$	9.94	.286		41.40	\$	2.84
DURABLE MED. EQUIP.	0	0	٧	.00	Υ	.00	.000	٧	.00	٧	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
VCOLONCIONE	U	U		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.004	105.00	.40
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	33.28	8.32	.015	16.64	.13
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	16	70	606.86	8.67	.267	37.93	2.32
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 7,001

01/29/04

MARIPOSA COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

					MO1	E	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	9	26 \$	868.04	\$ 33.39	.000	96.45	\$.00
@PHYSICIANS SERVICES	4	17 \$	548.81	\$ 32.28	.000	3 137.20	\$.00
OUTPATIENT VISITS	4	15	538.53	35.90	.000	134.63	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	4	15	538.53	35.90	.000	134.63	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	10.28	5.14	.000	5.14	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00

@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	S MONTH-OF-PAYMENT REI	PORT FOR JAN	2003 THRU DEC	2003	PAGE 7,002
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	PRESUMPTI	VE ELIGIBILITY-PREGNA	ANT AID CODES	7F 7G		
					MONTH	ILY AVERAG	E

						IVI	OM.T.	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	2	\$ 101.86	\$	50.93	.000	\$	101.86	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1	2	101.86		50.93	.000		101.86		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	1	2	101.86		50.93	.000		101.86		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00

CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	1	2 \$	101.86	\$ 50.93	.000	\$ 101.86	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2	101.86	50.93	.000	101.86	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	101.86	50.93	.000	101.86	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU	DEC 2003	PAGE 7,003
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04

SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

MARIPOSA COUNTY

						MON	ITHLY AVERA	GE ·	
00 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE	:		PER UNIT/DAY	PER ELIG	USER	1	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00

@REHABILITATION FACILITY	0		0 8	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3		6 5	\$	112.37	\$	18.73	.000	\$	37.46	\$.00
PATHOLOGY	3		6		112.37		18.73	.000		37.46		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0 5	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXP	ENDITURES	S MONT	TH-OF-PAYMENT RI	EPORT	FOR JAN	2003 THRU	DEC	2003	PAG	E 7,004
MOP024	FEE-FOR-SERVICE/I	ENTAL										01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVIC	ES FOR	PRESUMPT	IVE EI	LIGIBILITY-PREGI	NANT	AID CODES	7F 7G				
									TNOM	HLY AVERA	GE	
00 ELIGIBLES	USERS U	NITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DA	YS	COST PER	CO	ST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	1 \$	105.00	\$ 105.00	.000 \$	105.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$	
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

MARIPOSA COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

					MON'	THLY AVERAG	BE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

PAGE 7,005

01/29/04

OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
	0										
PRINCIPAL SURGEON	Ü	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0									
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		
IMMUNIZATION AND INJECTION	U					.00	.000				.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	Ω	0		.00		.00	.000		.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
	0										
OUTPATIENTS	Ü	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	Υ	.00	Ψ	.00	.000	Ψ.	.00	Υ	.00
	0										
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
	0	0									
ENDODONTICS	Ü	Ü		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
	0	0									
SPACE MAINTAINERS	Ü	Ü		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES						. 0 0	. 0 0 0				
ORTHODONTIC SERVICES	0	0				0.0	000				
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
			RES MO		PORT			DEC	.00	PAG	
ALL OTHER SERVICES		ES AND EXPENDITUR	RES MO	.00	PORT			DEC	.00	PAG	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITUR /DENTAL		.00 NTH-OF-PAYMENT RE		FOR JAN 2	1003 THRU	DEC	.00	PAG	.00 GE 7,006
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITUR /DENTAL		.00			7H		.00		.00 GE 7,006 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITUR /DENTAL ICES FOR MEDI-CA	L TUB	.00 NTH-OF-PAYMENT RE ERCULOSIS PROGRAM	Ī	FOR JAN 2	7H M	ONT	.00 2003 HLY AVERAG	GE -	.00 GE 7,006 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITUR /DENTAL ICES FOR MEDI-CA UNITS OF SERVICE	L TUB	.00 NTH-OF-PAYMENT RE	I AVE	FOR JAN 2 AID CODE RAGE COST	7H M UNITS/DAY	ONT S	.00 2003 HLY AVERA COST PER	GE	.00 GE 7,006 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITUR /DENTAL ICES FOR MEDI-CA	L TUB	.00 NTH-OF-PAYMENT RE ERCULOSIS PROGRAM	I AVE	FOR JAN 2	7H M UNITS/DAY	ONT S	.00 2003 HLY AVERAG	GE	.00 GE 7,006 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITUR /DENTAL ICES FOR MEDI-CA UNITS OF SERVICE	L TUB	.00 NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES	I AVE	FOR JAN 2 AID CODE RAGE COST UNIT/DAY	003 THRU 7H M UNITS/DAY PER ELIG	ONT S	.00 2003 HLY AVERAG COST PER USER	GE C(E)	.00 GE 7,006 01/29/04 OST PER LIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR MEDI-CA UNITS OF SERVICE OR DAYS OF CARE 0	L TUB	.00 NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00	I AVE: PER	FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00	7H M UNITS/DAY PER ELIG .000	ONT S	.00 2003 HLY AVERA COST PER USER .00	GE C(E)	.00 GE 7,006 01/29/04 OST PER LIGIBLE .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	ES AND EXPENDITUR /DENTAL ICES FOR MEDI-CA UNITS OF SERVICE OR DAYS OF CARE 0 0	L TUB	.00 NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00 .00	I AVE: PER	FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00	7H M UNITS/DAY PER ELIG .000 .000	ONT S	.00 2003 HLY AVERA COST PER USER .00 .00	GE C(E)	.00 GE 7,006 01/29/04 OST PER LIGIBLE .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR MEDI-CA UNITS OF SERVICE OR DAYS OF CARE 0 0 0	L TUB	.00 NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00 .00 .00	I AVE: PER	FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00	7H M UNITS/DAY PER ELIG .000 .000	ONT S	.00 2003 HLY AVERA COST PER USER .00 .00	GE C(E)	.00 GE 7,006 01/29/04 OST PER LIGIBLE .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	ES AND EXPENDITUR /DENTAL ICES FOR MEDI-CA UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0	L TUB	.00 NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00	I AVE: PER	FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00	7H M UNITS/DAY PER ELIG .000 .000 .000	ONT S \$.00 2003 HLY AVERAC COST PER USER .00 .00 .00	GE C(E)	.00 GE 7,006 01/29/04 OST PER LIGIBLE .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	ES AND EXPENDITUR /DENTAL ICES FOR MEDI-CA UNITS OF SERVICE OR DAYS OF CARE 0 0 0	L TUB	.00 NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00 .00 .00	I AVE: PER	FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00	7H M UNITS/DAY PER ELIG .000 .000	ONT S \$.00 2003 HLY AVERA COST PER USER .00 .00	GE C(E)	.00 GE 7,006 01/29/04 OST PER LIGIBLE .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	ES AND EXPENDITUR /DENTAL ICES FOR MEDI-CA UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0	AL TUB	.00 NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00	AVE: PER \$	FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00	7H M UNITS/DAY PER ELIG .000 .000 .000 .000	ONT S \$.00 2003 HLY AVERAGE COST PER USER .00 .00 .00	GE CO EI \$.00 GE 7,006 01/29/04 OST PER LIGIBLE .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	ES AND EXPENDITUR /DENTAL ICES FOR MEDI-CA UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0	AL TUB	.00 NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00	AVE: PER \$	FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00	7H M UNITS/DAY PER ELIG .000 .000 .000 .000	ONT S \$.00 2003 HLY AVERAGE COST PER USER .00 .00 .00 .00	GE CO EI \$.00 GE 7,006 01/29/04 OST PER LIGIBLE .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	ES AND EXPENDITURE / DENTAL ICES FOR MEDI-CA UNITS OF SERVICE OR DAYS OF CARE OO	AL TUB	.00 NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00	AVE. PER \$	FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00	7H M UNITS/DAY PER ELIG .000 .000 .000 .000 .000	ONT S \$ \$.00 2003 HLY AVERAGE COST PER USER .00 .00 .00 .00	GE CC EI \$.00 GE 7,006 01/29/04 OST PER LIGIBLE .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	ES AND EXPENDITUR /DENTAL ICES FOR MEDI-CA UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0	AL TUB	.00 NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE: PER \$	FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	7H M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	ONT S \$ \$.00 2003 HLY AVERAGE OST PER USER .00 .00 .00 .00	GE CO EI \$.00 GE 7,006 01/29/04 OST PER LIGIBLE .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	ES AND EXPENDITURE / DENTAL ICES FOR MEDI-CA UNITS OF SERVICE OR DAYS OF CARE OO	AL TUB	.00 NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00	AVE. PER \$	FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00	7H M UNITS/DAY PER ELIG .000 .000 .000 .000 .000	ONT S \$ \$.00 2003 HLY AVERAGE COST PER USER .00 .00 .00 .00	GE CC EI \$.00 GE 7,006 01/29/04 OST PER LIGIBLE .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	ES AND EXPENDITURE / DENTAL ICES FOR MEDI-CA UNITS OF SERVICE OR DAYS OF CARE OO	AL TUB	.00 NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE. PER \$	FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	7H M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	ONT S \$ \$.00 2003 HLY AVERAGE OST PER USER .00 .00 .00 .00 .00	GE CC EI \$.00 GE 7,006 01/29/04 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	ES AND EXPENDITURE / DENTAL ICES FOR MEDI-CA UNITS OF SERVICE OR DAYS OF CARE OO	AL TUB	.00 NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE. PER \$	FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	7H M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT S \$ \$.00 2003 HLY AVERAC COST PER USER .00 .00 .00 .00 .00	GE CC EI \$.00 GE 7,006 01/29/04 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	ES AND EXPENDITUR /DENTAL ICES FOR MEDI-CA UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AL TUB	.00 NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE. PER \$	FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	7H M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT S \$ \$.00 2003 HLY AVERAC COST PER .00 .00 .00 .00 .00 .00	GE CC EI \$.00 GE 7,006 01/29/04 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR MEDI-CA UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	L TUB	.00 NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE: PER \$	FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	7H	ONT S \$ \$.00 2003 HLY AVERAC COST PER .00 .00 .00 .00 .00 .00 .00	GE CO \$ \$ \$.00 GE 7,006 01/29/04 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	ES AND EXPENDITUR /DENTAL ICES FOR MEDI-CA UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AL TUB	.00 NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE. PER \$	FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	7H M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT S \$ \$.00 2003 HLY AVERAC COST PER .00 .00 .00 .00 .00 .00	GE CO \$ \$ \$.00 GE 7,006 01/29/04 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR MEDI-CA UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	L TUB	.00 NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE: PER \$	FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	7H	ONT S \$ \$.00 2003 HLY AVERACOST PER USER	GE CO \$ \$ \$.00 GE 7,006 01/29/04 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR MEDI-CA UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	L TUB	.00 NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE. PER \$	FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	7H	ONT S \$ \$ \$ \$.00 2003 HLY AVERACOST PER USER	GE CC \$ \$ \$ \$.00 GE 7,006 01/29/04 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR MEDI-CA UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	L TUB	.00 NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE: PER \$	FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	7H	ONTS	.00 2003 HLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - CC EI \$ \$ \$ \$ \$.00 GE 7,006 01/29/04 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR MEDI-CA UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	L TUB	.00 NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE: PER \$	FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	7H	ONT S \$ \$ \$ \$ \$.00 2003 HLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE CCET \$ \$ \$ \$ \$.00 GE 7,006 01/29/04 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR MEDI-CA UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	L TUB	.00 NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE: PER \$	FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	7H M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTS	.00 2003 HLY AVERACOST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE CCET \$ \$ \$ \$\$\$\$\$\$.00 GE 7,006 01/29/04 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR MEDI-CA UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	L TUB	.00 NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE: PER \$	FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	7H	ONT S \$ \$ \$ \$ \$.00 2003 HLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE CCET \$ \$ \$ \$ \$.00 GE 7,006 01/29/04 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR MEDI-CA UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	L TUB	.00 NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE: PER \$	FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	7H M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT S S S SSSSS	.00 2003 HLY AVERACOST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE CCET \$ \$ \$ \$\$\$\$\$\$.00 GE 7,006 01/29/04 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR MEDI-CA UNITS OF SERVICE OR DAYS OF CARE O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	L TUB	.00 NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE: PER \$	FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	7H M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT S S S SSSSS	.00 2003 HLY AVERACOST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE CCET \$ \$ \$ \$\$\$\$\$\$.00 GE 7,006 01/29/04 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR MEDI-CA UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	L TUB	.00 NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE: PER \$	FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	7H M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT S S S SSSSS	.00 2003 HLY AVERACOST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE CCET \$ \$ \$ \$\$\$\$\$\$.00 GE 7,006 01/29/04 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
#CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR MEDI-CA UNITS OF SERVICE OR DAYS OF CARE O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	L TUB	.00 NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE: PER \$	FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	7H	ONT S S S SSSSS	.00 2003 HLY AVERACOST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE CCET \$ \$ \$ \$\$\$\$\$\$.00 GE 7,006 01/29/04 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR MEDI-CA UNITS OF SERVICE OR DAYS OF CARE O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	L TUB	.00 NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE: PER \$	FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	7H M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT S S S SSSSS	.00 2003 HLY AVERACOST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE CCET \$ \$ \$ \$\$\$\$\$\$.00 GE 7,006 01/29/04 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR MEDI-CA UNITS OF SERVICE OR DAYS OF CARE O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	L TUB	.00 NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE: PER \$	FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	7H	ONT S S S SSSSS	.00 2003 HLY AVERACOST PER USER	GE CCET \$ \$ \$ \$\$\$\$\$\$.00 GE 7,006 01/29/04 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER #TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR MEDI-CA UNITS OF SERVICE OR DAYS OF CARE O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	L TUB	.00 NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE: PER \$	FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	7H	ONT S S S SSSSS	.00 2003 HLY AVERAC COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE CCET \$ \$ \$ \$\$\$\$\$\$.00 GE 7,006 01/29/04 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIPOSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR MEDI-CA UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	L TUB	.00 NTH-OF-PAYMENT RE ERCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE: PER \$	FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	7H	ONT S S S SSSSS	.00 2003 HLY AVERACOST PER USER	GE CCET \$ \$ \$ \$\$\$\$\$\$.00 GE 7,006 01/29/04 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU D	DEC 2003	PAGE 7,007
MOP024	FEE-FOR-SERVICE/I	ENTAL					01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVIO	CES FOR MEDI-CAL ?	TUBERCULOSIS PROGRAM	M AID CODE	7H		
					MC	NTHLY AVERA	GE
00 ELIGIBLES	USERS (NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00		\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00

					MOIN.	ITLI AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	(PENDITU	RES MONTH-OF-F	PAYMENT REF	PORT	FOR JAN 2003	THRU	DEC	2003	PAGE	
MOP024	FEE-FOR-SERVICE/DENTAL									0	1/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	MEDI-C	AL TUBERCULOSI	IS PROGRAM		AID CODE 7H					

PHICH CONT	DOMINIMOT OF BEHAVIOR	D TOR MEDI CAL	торыкс	DEODID INCOME	TILD CODE	/ 11		
						MON'	THLY AVERAG	GE
00 ELIGIBLES	USERS UN	ITS OF SERVICE	I	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	C	R DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,009
MOP024 FEE-FOR-SERVICE/DENTAL
MARIPOSA COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

					MO	NTHLY AVERA	GE	
17 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	21	83	\$ 6,390.71	\$ 77.00	4.882	\$ 304.32	\$	375.92
@PHYSICIANS SERVICES	8	9	\$ 425.34	\$ 47.26	.529	\$ 53.17	\$	25.02
OUTPATIENT VISITS	1	1	75.17	75.17	.059	75.17		4.42
OFFICE VISITS	1	1	75.17	75.17	.059	75.17		4.42
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00		.00
INPATIENT VISITS	0	0	.00	.00	.000	.00		.00

	2				0.0		0.0	200		0.0		0.0
HOSPITAL VISITS	0	0			.00		.00	.000		.00		.00
CRITICAL CARE	0	0			.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0			.00		.00	.000		.00		.00
EXAMINATIONS	0	0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	1	1			4.22		4.22	.059		4.22		.25
RADIOLOGY	6	6			308.19		51.37	.353		51.37		18.13
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	Ô			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	1			37.76		37.76	.059		37.76		2.22
@PHARMACY	7	11	\$		150.33	\$	13.67	.647	Ś	21.48	Ś	8.84
PRESCRIPTION DRUGS	, 7	11	٧		150.33	٧	13.67	.647	٧	21.48	۲	8.84
SNF/ICF	Ô	0			.00		.00	.000		.00		.00
OUTPATIENTS	7	11			150.33		13.67	.647		21.48		8.84
MEDICAL SUPPLIES	, O	0			.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	Ġ	.00	\$.00
VISITS - DIAGNOSTIC	0	0	Ų		.00	Ų	.00	.000	Y	.00	Y	.00
ORAL SURGERY	0	0			.00		.00	.000		.00		.00
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
	0	0								.00		
PERIODONTICS	0	0			.00		.00	.000		.00		.00
ENDODONTICS	0	0			.00		.00					.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	RES I	MONTH-OF	-PAYMENT R	EPORT	FOR JAN 2	2003 THRU	DEC	2003	PA	AGE 7,010
MOP024	FEE-FOR-SERVICE/DENTAL											01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	MINOR	CONSI	ENT AID (CODES AID	CODES	7M 7P 7R					
								N	TNO	HLY AVERA	GE -	

						1.10	LATI	ישאנה אם דחדי	919	
17 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS		COST PER	(COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	I	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	2	2	\$ 104.99	\$	52.50	.118	\$	52.50	\$	6.18
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0 :	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	6	35	\$	4,308.69	\$	123.11	2.059	\$	718.12	\$	253.45
HOSP INPATIENT TOTAL	1	2	•	3,101.28	•	1550.64	.118		3101.28		182.43
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	2		3,101.28		1550.64 592.61	.118		3101.28		182.43
ACCOMMODATIONS	1	2		1,185.21		592 61	.118		1185.21		69.72
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	3		1,185.21		592.61	.118		1185.21		69.72
ANCILLARIES	1	0		•		.00	.000		1916.07		112.71
	1	0		1,916.07		.00					
INPATIENT CROSSOVERS	0	0		.00			.000		.00		.00
ALL OTHER INPATIENT	0			.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5	33		1,207.41		36.59	1.941		241.48		71.02
MEDICAL	2	3		282.61		94.20	.176		141.31		16.62
SURGERY	Ü	0		.00		.00	.000		.00		.00
PATHOLOGY	2	15		177.75		11.85	.882		88.88		10.46
RADIOLOGY	4	5		356.96		71.39	.294		89.24		21.00
ROOM USE	3	5		210.59		42.12	.294		70.20		12.39
CROSSOVERS/ALL OTH OUTPTNT	3	5		179.50		35.90	.294		59.83		10.56
@COUNTY HOSPITAL TOTAL	0	0 :	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	Ŏ	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0									
ROOM USE		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	•	_	a 140175	.00		.00	.000	556	.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE:	S MON'	LH-OL-BAAMENI K	EPOR	T FOR JAN	2003 THRU I	DEC	2003	PF	AGE 7,011
MOP024	FEE-FOR-SERVICE				~~	~ 5 5 5					01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV.	ICES FOR MINOR CO	NSENT	AID CODES AID	CODE	S 7M 7P 7R					
							MO	-		_	
17 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS				COST PER
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6		\$	4,308.69	\$	123.11			718.12	\$	
COMM HOSP INPATIENT TOTAL	1	2		3,101.28		1550.64	.118		3101.28		182.43
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	1	2		3,101.28		1550.64 592.61	.118		3101.28		182.43
ACCOMMODATIONS	1	2		1,185.21		592.61	.118		1185.21		69.72
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2		1 105 21		EQ2 61	110		1105 21		60 72

0

0

0

33

3

0

15

5

2

0

1,185.21

1,916.07

.00

1,207.41

282.61

.00

177.75

.00

592.61

.00

.00

.00

36.59

94.20

11.85

.00

.118

.000

.000

.000

.176

.000

.882

1.941

1185.21

1916.07

.00

241.48

141.31

.00

88.88

.00

69.72

.00

.00

.00

71.02

16.62

10.46

112.71

ALL OTHER ACCOM

INPATIENT CROSSOVERS

COMM HOSP OUTPATIENT TOTAL

ALL OTHER INPATIENT

ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY	4	5		356.96		71.39	.294		89.24		21.00
ROOM USE	3	5		210.59		42.12	.294		70.20		12.39
CROSSOVERS/ALL OTH OUTPTNT	3	5		179.50		35.90	.294		59.83		10.56
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	11	\$	105.19	\$	9.56	.647	\$	105.19	\$	6.19
PATHOLOGY	1	11		105.19		9.56	.647		105.19		6.19
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	9	15	\$	1,296.17	\$	86.41	.882	\$	144.02	\$	76.25
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	9	15		1,296.17		86.41	.882		144.02		76.25
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	(PENDITU	JRES MON'	TH-OF-PAYMENT RI	EPORT	FOR JAN 2003	THRU	${\tt DEC}$	2003	PI	AGE 7,012
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	MINOR	CONSENT	AID CODES AID (CODES	7M 7P 7R 7N					
										~=	

----- MONTHLY AVERAGE -----17 ELIGIBLES **USERS** UNITS OF SERVICE **EXPENDITURES** AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS .00 0 0 \$.00 .000 \$.00 \$.00 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 BLOOD BANK HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 .00 AMBULANCES/AIR TRANS .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 0 .00 .00 .000 .00 .00 0 .00 .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .000 OCCUPATIONAL THERAPIST 0 .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 .00 PHYSICAL THERAPIST .00 .000 .00 .00 PORTABLE X-RAY 0 .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS 0 .00 .00 .000 .00 .00 .00 PROSTHETICS 0 0 .00 .000 .00 .00 .00 .00 .000 .00 .00 ORTHOTICS PSYCHOLOGIST 0 0 .00 .00 .000 .00 .00 0 .00 .00 .00 .00 SPEECH AND AUDIOLOGY .000 HOSPICE SERVICES 0 .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS 0 .00 .00 .000 .00 .00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,013 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MARIPOSA COUNTY	SUMMARY OF SERVICE		SUAVMUS	CASES	TN DA-FAMTI.TEG	AID CODE	3.8			01/25/01
MAKIFODA COUNTI	SUMMARCI OF SERVICE	LID FOR	EDWARDS	CADED	IN FA FAMILIES	AID CODE	MON	ασπιν δίπερδ	CF	
175 ELIGIBLES	USERS U	NITS OF	SERVICE		EXPENDITURES	AVERAGE COST				ST PER
175 HHIGIBHE		OR DAYS			HALL BIND I TOKED	PER UNIT/DAY		USER		JGIBLE
@TOTAL, ALL PROVIDERS	111	OIC DIIID	430	\$	28,271.94	\$ 65.75	2.457			
@PHYSICIANS SERVICES	29		53	Š	3,475.56	\$ 65.58	.303			19.86
OUTPATIENT VISITS	14		21	Y	1,089.29	51.87	.120	77.81	٧	6.22
OFFICE VISITS	4		4		137.18	34.30	.023	34.30		.78
HOME VISITS	0		0		.00	.00	.000	.00		.00
EMERGENCY ROOM	8		12		649.71	54.14	.069	81.21		3.71
PREVENTIVE CARE	0		0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	2		5		302.40	60.48	.029	151.20		1.73
OTHER OUTPATIENT	0		0		.00	.00	.000	.00		.00
INPATIENT VISITS	1		2		83.57	41.79	.011	83.57		.48
HOSPITAL VISITS	1		2		83.57	41.79	.011	83.57		.48
CRITICAL CARE	0		0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	1		1		33.78	33.78	.006	33.78		.19
EXAMINATIONS	1		1		33.78	33.78	.006	33.78		.19
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	2		2		1,088.56	544.28	.011	544.28		6.22
PRINCIPAL SURGEON	2		2		1,088.56	544.28	.011	544.28		6.22
ASSISTANT SURGEON	0		0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	2		3		763.26	254.42	.017	381.63		4.36
PRINCIPAL SURGEON	2		3		763.26	254.42	.017	381.63		4.36
ASSISTANT SURGEON	0		0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0		0 0		.00	.00	.000	.00		.00
DIALYSIS	0		0		.00	.00	.000	.00		.00
PATHOLOGY	3		7		17.49	2.50	.040	5.83		.10
RADIOLOGY	12		13		248.84	19.14	.074	20.74		1.42
PSYCHIATRY	0		0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	1		ĭ		57.76	57.76	.006	57.76		.33
OTHER SERVICES/ALL X-OVERS			3		93.01	31.00	.017	93.01		.53
@PHARMACY	1 57		128	\$	7,756.68	\$ 60.60	.731		Ś	44.32
PRESCRIPTION DRUGS	5 <i>7</i>		126	Υ	7,756.68	61.56	.720	136.08	٧	44.32
SNF/ICF	0		0		.00	.00	.000	.00		.00
OUTPATIENTS	57		126		7,756.68	61.56	.720	136.08		44.32
MEDICAL SUPPLIES	1		2		.00	.00	.011	.00		.00
@DENTIST	2		12	\$	282.00	\$ 23.50	.069		Ś	1.61
VISITS - DIAGNOSTIC	1		8	Y	74.00	9.25	.046	74.00	٧	.42
ORAL SURGERY	0		Ö		.00	.00	.000	.00		.00
DRUGS	0		Ö		.00	.00	.000	.00		.00
ANESTHESIA	0		Ő		.00	.00	.000	.00		.00
PERIODONTICS	n 0		0		.00	.00	.000	.00		.00
ENDODONTICS	0		0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	1		4		208.00	52.00	.023	208.00		1.19
PROSTHETICS	0		0		.00	.00	.000	.00		.00
	9		•		.00					

DENTURES, STAYPLATES	0		0		.00		.00		000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00		000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00		000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00		000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00		000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00		000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXI	PENDITURE	ES MONT	TH-OF-PAYMENT	REPORT	FOR JAN	2003 Т	HRU D	EC	2003	P	AGE 7,014
MOP024	FEE-FOR-SERVICE	/DENTAL											01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR	EDWARDS	CASES	IN PA-FAMILIE	S .	AID CODE	38					
									MO	NTH:	LY AVERA	.GE	
175 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVER	AGE COST	UNITS	/DAYS	C	OST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER	ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00		000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00		000		.00		.00
EYE APPLIANCES	0		0		.00		.00		000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00		000		.00		.00

@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	•	.00	•	.00	.000	•	.00	•	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	ċ.	.00	\$.00
	0		Ą		Ą			Ą		Ą	
MEDICINE/INJECTIONS	U	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	2	\$	89.13	\$	44.57	.011	\$	89.13	\$.51
NURSE ANESTHESIST	0	0	Ė	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	Š	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	Ģ.	.00	\$.00	.000	\$.00	Ŝ	.00
	0	0	ې ط								
FAMILY NURSE PRACTITIONER	_		Ş	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	20	86	Ş	10,292.23	Ş	119.68	.491	\$	514.61	\$	58.81
HOSP INPATIENT TOTAL	3	8		8,048.02		1006.00	.046		2682.67		45.99
HSC HOSPITALS	2	4		4,220.02		1055.01	.023		2110.01		24.11
NON-HSC HOSPITAL TOTAL	1	4		3,828.00		957.00	.023		3828.00		21.87
ACCOMMODATIONS	1	4		3,828.00		957.00	.023		3828.00		21.87
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	Ô		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	4		3,828.00		957.00	.023		3828.00		21.87
	1	-									
ANCILLARIES	1	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	U	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	17	78		2,244.21		28.77	.446		132.01		12.82
MEDICAL	7	10		429.95		43.00	.057		61.42		2.46
SURGERY	1	1		69.41		69.41	.006		69.41		.40
PATHOLOGY	5	12		144.52		12.04	.069		28.90		.83
RADIOLOGY	6	6		510.65		85.11	.034		85.11		2.92
ROOM USE	12	20		827.53		41.38	.114		68.96		4.73
CROSSOVERS/ALL OTH OUTPTNT	7	29		262.15		9.04	.166		37.45		1.50
@COUNTY HOSPITAL TOTAL	2	5	\$	144.02	\$	28.80	.029	Ś	72.01	Ġ	.82
CO HOSPITAL INPATIENT TOTAL	0	0	Ψ	.00	Υ	.00	.000	٧	.00	٧	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		
	0	0									.00
ACCOMMODATIONS	0	U		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	5		144.02		28.80	.029		72.01		.82
MEDICAL	2	3		45.63		15.21	.017		22.82		.26
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	3	2		98.39		49.20	.011		49.20		.56
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00			.00		
	O	· ·	EG 140				.000	550		ъ.	.00
#CALIF DEPT OF HEALTH SERV			ES MO	NTH-OF-PAYMENT RE	EPOR	CI FOR JAN 2	2003 THRU	DEC	2003	PA	
MOP024	FEE-FOR-SERVICE										01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	VICES FOR EDWARDS	CASE	S IN PA-FAMILIES		AID CODE					
							M				
175 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	18	81	\$	10,148.21	\$	125.29	.463	\$	563.79	\$	57.99
COMM HOSP INPATIENT TOTAL	3	8		8,048.02		1006.00	.046		2682.67		45.99
HSC HOSPITALS	2	4		4,220.02		1055.01	.023		2110.01		24.11
NON-HSC HOSPITALS TOTAL	1	4		3,828.00		1055.01 957.00	.023		3828.00		21.87
ACCOMMODATIONS	1	4		3,828.00		957.00	.023		3828.00		21.87
	=	-		=,020.00							

	0	•		0.0		0.0	000		0.0		0.0
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	4		3,828.00		957.00	.023		3828.00		21.87
ANCILLARIES	1	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	_	0 0		.00		.00	.000		.00		.00
	0	0		.00			.000		.00		.00
ALL OTHER INPATIENT	0	0				.00					
COMM HOSP OUTPATIENT TOTAL	15	73		2,100.19		28.77	.417		140.01		12.00
MEDICAL	5	7		384.32		54.90	.040		76.86		2.20
SURGERY	1	1		69.41		69.41	.006		69.41		.40
PATHOLOGY	5	12		144.52		12.04	.069		28.90		.83
RADIOLOGY	6	6		510.65		85.11	.034		85.11		2.92
	10										
ROOM USE	10	18		729.14		40.51	.103		72.91		4.17
CROSSOVERS/ALL OTH OUTPTNT	./	29		262.15		9.04	.166		37.45		1.50
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	Ö	\$.00	Ġ	.00	.000	Ġ	.00	\$.00
	0		Ų		Ą			Ą		Ą	
LEV A-INTERMEDIATE	U	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	Ő		.00		.00	.000		.00		.00
	0	0	Ċ		4			4		4	
@INTERMEDIATE CARE FACILDD	U		\$.00	\$.00	.000	Þ	.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	Ô	0	τ	.00	т	.00	.000	Ψ.	.00	Ψ.	.00
	0	Ö		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		_					_			
@REHABILITATION FACILITY	0	0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	60.25	\$	60.25	.006	Ġ	60.25	\$.34
PATHOLOGY	_ 1	1	4	60.25	т	60.25	.006	т.	60.25	т	.34
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
	0		4								
@ORGANIZED OUTPATIENT CLINIC	44	61	\$	5,559.98	\$	91.15		\$	126.36	\$	31.77
CLINIC	3	13		555.38		42.72	.074		185.13		3.17
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	41	48		5,004.60		104.26	.274		122.06		28.60
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		FS MON		тдОдт			חדכ		D	AGE 7,016
MOP024	FEE-FOR-SERVICE/DENTA		LD MOIN	III OI IIIIIIIIII KE	di Oitt	1010 01110	2005 11110	рцс	. 2003		01/29/04
			GA GEG	TNI DA DAMILITO		ATD CODE	2.0				01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES F	OR EDWARDS	CASES	IN PA-FAMILIES		AID CODE					
									HLY AVERA	GE	
175 ELIGIBLES	USERS UNITS	OF SERVICE		EXPENDITURES	AVEI	RAGE COST	UNITS/DAY	S	COST PER		COST PER
	OR D.	AYS OF CARE			PER	UNIT/DAY	PER ELIC	ļ	USER		ELIGIBLE
@ALL OTHER PROVIDERS	9	87	\$	756.11	\$	8.69	.497	Ś	84.01	Ś	4.32
DURABLE MED. EQUIP.	0	0	τ	.00	т	.00	.000	Ψ.	.00	Ψ.	.00
~											
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	3	43		400.80		9.32	.246		133.60		2.29
AMBULANCES/AIR TRANS	3	43		400.80		9.32	.246		133.60		2.29
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
	0	0		.00			.000		.00		
ACUPUNCTURE	· ·					.00					.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
	-	-									

OPTICIAN	0	0	.00	.00	.000	.0	0	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.0	0	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.0	0	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.0	0	.00
PROSTHETICS	0	0	.00	.00	.000	.0	0	.00
ORTHOTICS	0	0	.00	.00	.000	.0	0	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.0	0	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.0	0	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.0	0	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.0	0	.00
LOCAL EDUCATION AGENCIES	6	44	355.31	8.08	.251	59.2	2	2.03
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.0	0	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.0	0	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.0	0	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.0	0	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.0	0 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.0	0 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,017 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MARIPOSA COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

MARIPOSA COUNTI	SUMMARI OF SERV	ICES FOR SSI APPEA	L/NLDC IN	PA-DISABL	ED AID CODES OF	. OP MO1	א משווא ע זווייו	CF
22 ELIGIBLES	USERS	UNITS OF SERVICE	בעח	ENDITURES	AVERAGE COST		COST PER	COST PER
ZZ ELIGIBLES	USERS	OR DAYS OF CARE	LAP	FINDIIOKES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	21	90 \$		2,405.39	\$ 26.73	4.091		\$ 109.34
@PHYSICIANS SERVICES	3	4 \$		78.62	\$ 19.66	.182		
OUTPATIENT VISITS	3 1	1 Y		12.00	12.00	.045	12.00	.55
OFFICE VISITS	1	1		12.00	12.00	.045	12.00	.55
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	Ō	0		.00	.00	.000	.00	.00
RADIOLOGY	2	2		17.12	8.56	.091	8.56	.78
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		49.50	49.50	.045	49.50	2.25
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	10	24 \$		1,117.42	\$ 46.56	1.091		
PRESCRIPTION DRUGS	10	24		1,117.42	46.56	1.091	111.74	50.79
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	10	24		1,117.42	46.56	1.091	111.74	50.79

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00 \$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REP	PORT FOR JAN 20	03 THRU DEC	2003	PAGE 7,018
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES F	OR SSI APPEA	L/NLDC IN PA-DISABLED	AID CODES 6N	6P		

					MON'	THLY AVERA	AGE	
22 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	0	0 \$		\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00		.00
EYE APPLIANCES	0	0	.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00		.00
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		.00
OTHER	0	0	.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	5	14 \$	334.74	\$ 23.91	.636 \$	66.95	\$	15.22
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	·	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	5	14	334.74	23.91	.636	66.95		15.22
MEDICAL	2	2	148.92	74.46	.091	74.46		6.77
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	4	9	87.50	9.72	.409	21.88		3.98
RADIOLOGY	Ō	0	.00	.00	.000	.00		.00
ROOM USE	3	3	98.32	32.77	.136	32.77		4.47
CROSSOVERS/ALL OTH OUTPTNT	n	0	.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	1	1 \$		\$ 34.21	.045 \$	34.21	Ś	1.56
CO HOSPITAL INPATIENT TOTAL	n n	0	.00	.00	.000	.00	~	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	34.21	34.21	.045	34.21	1.56
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	34.21	34.21	.045	34.21	1.56
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REPORT	r for Jan	2003 THRU DEC	2003	PAGE 7,019

MOP024 01/29/04 FEE-FOR-SERVICE/DENTAL

MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR	SSI APP	EAL/	'NLDC IN P	A-DISABL	ED AII	D CODES 61					
				_					M				
22 ELIGIBLES	USERS	UNITS OF			EXPEN	DITURES			UNITS/DAY				COST PER
	_	OR DAYS							PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4		13	\$		300.53	\$	23.12	.591	Ş	75.13	Ş	13.66
COMM HOSP INPATIENT TOTAL	0		0			.00		.00	.000		.00		.00
HSC HOSPITALS	0		0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0			.00		.00	.000		.00		.00
ANCILLARIES	0		0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	4		13			300.53		23.12	.591		75.13		13.66
MEDICAL	2		2			148.92		74.46	.091		74.46		6.77
SURGERY	0		0			.00		.00	.000		.00		.00
PATHOLOGY	4		9			87.50		9.72	.409		21.88		3.98
RADIOLOGY	0		Ó			.00		.00	.000		.00		.00
ROOM USE	2		2			64.11		32.06	.091		32.06		2.91
CROSSOVERS/ALL OTH OUTPTNT	ñ		0			.00		.00	.000		.00		.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	Ġ	.00	Ġ	.00
MENTALLY ILL	0		0	Y		.00	Ÿ	.00	.000	Y	.00	Ÿ	.00
	0		0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0	ċ.		.00	\$			بي	.00	بي	
@NURSING FACILITY	0		0	\$			Ą	.00	.000	Ą		Ą	.00
LEV A-INTERMEDIATE	0		0			.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	U		0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0			.00		.00	.000		.00		.00
LEV B-REGULAR	0		0			.00		.00	.000	4.	.00	4.	.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	Ş	.00	Ş	.00
ICF DDH	0		0			.00		.00	.000		.00		.00
ICF DD	0		0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0			.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0			.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0			.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0			.00		.00	.000		.00		.00
XO AND OTHERS	0		0			.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	5		5	\$		481.14	\$	96.23	.227	\$	96.23	\$	21.87
CLINIC	0		0			.00		.00	.000		.00		.00
SURGICENTER	0		0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	5		5			481.14		96.23	.227		96.23		21.87
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EX	PENDITUR	ES M	MONTH-OF-P	AYMENT R	EPORT	FOR JAN 2	2003 THRU	DEC	2003	F	AGE 7,020
MOP024	FEE-FOR-SERVICE												01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	•	SSI APP	EAL/	NLDC IN P	A-DISABL	ED AII	D CODES 61	N 6P				,,
				,					M	ONT	HLY AVERA	GE	
22 ELIGIBLES	USERS	UNITS OF	SERVICE	:	EXPEN	DITURES	AVE	RAGE COST	UNITS/DAY				COST PER
	00210	OR DAYS							PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	4	01. 21110	43	\$		393.47	\$	9.15	1.955		98.37		17.89
DURABLE MED. EQUIP.	0		0	Ψ.		.00	~	.00	.000	~	.00	~	.00
BLOOD BANK	0		0			.00		.00	.000		.00		.00
בייייייייייייייייייייייייייייייייייייי	0		U			.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	40	371.30	9.28	1.818	185.65	16.88
AMBULANCES/AIR TRANS	2	40	371.30	9.28	1.818	185.65	16.88
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	3	22.17	7.39	.136	11.09	1.01
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00
♠★ MOMATO THE MULLION TIMES AND CITYENT		TATE ODMARITON THEM ONLY					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 7,021
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E	

					MON	THLY AVERAG	E
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2	2 \$	128.63	\$ 64.32	2.000 \$	64.32	\$ 128.63
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	2	2	\$	128.63	\$	64.32	2.000	\$	64.32	\$	128.63
PRESCRIPTION DRUGS	2	2		128.63		64.32	2.000		64.32		128.63
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	2	2		128.63		64.32	2.000		64.32		128.63
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU 1	DEC 20	103	PP	GE 7,022
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	CRAIG (CASES-	AGED IN PA-AGED		AID COI	DE 1E				
							Mo	Y.THTMC	AWERA	GE -	

					MON'	THLY AVERAGI	Е -	
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00		.00
EYE APPLIANCES	0	0	.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00		.00
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		.00
OTHER	0	0	.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES M	ONTH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 7,023
MOP024	FEE-FOR-SERVICE/						01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVI	CES FOR CRAIG CASES	- AGED IN PA-AGED	AID CODE			
					MON		
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	U	U	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	U	U	.00	.00	.000	.00	.00
ACCOMMODATIONS	U	U	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	Ü	.00	.00	.000	.00	.00

01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	1	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

0 RURAL HEALTH CLINIC 0 .00 .00 .000 .00 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,024 #CALIF DEPT OF HEALTH SERV

MOP024 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED MARIPOSA COUNTY AID CODE 1E ----- MONTHLY AVERAGE -----

.00

01/29/04

					1101111		
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG		ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00
®* TOTATO IN TURCE IINEO ADE CIVI	יאס א סדים איז	TE THEODMATTON TTEM ON	v:				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,025 FEE-FOR-SERVICE/DENTAL MOP024 01/29/04 MARIPOSA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

					MOI	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00		.00
OFFICE VISITS	0	0	.00	.00	.000	.00		.00
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00		.00
INPATIENT VISITS	0	0	.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00		.00
CRITICAL CARE	0	0	.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

	_	_					
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURE:	S MONTH-OF-PAYMENT R				PAGE 7,026
MOP024	FEE-FOR-SERVICE/						01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVI		SES- BLIND IN PA-BLI	ND AID COD	E 2E		- , -,
					MONT	HLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		RAGE COST UNIT/DAY	UNITS/DAY	_	COST PER USER		COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	•	.00	•	.00	.000	·	.00	·	.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	ñ	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	0	0				.00	
ANCILLARIES	0	0	.00	.00	.000		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	ñ	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0		.00	.000		
SURGERY	0	0	.00			.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES MC	NTH-OF-PAYMENT REI	POR'I' FOR JAN 2	2003 THRU DEC	2003	PAGE 7,027
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	CRAIG CASES-	- BLIND IN PA-BLIN	D AID CODI			
					MONT		
00 ELIGIBLES		F SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	OR DAY:	S OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	Õ	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	n	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM DOCD OUTDATTENT TOTAL	0	0	.00	.00	.000	.00	.00

0

0

0

0

0

0

0

0

\$

.00

.00

.00

.00

.00

.00

.00

.00

\$

.00

.00

.00

.00

.00

.00

.00

.00

.000

.000

.000

.000

.000

.000

.000

.000 \$

.00

.00

.00

.00

.00

.00

.00

.00 \$

.00

.00

.00

.00

.00

.00

.00

.00

0

0

0

0

0

0

0

ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL

CROSSOVERS/ALL OTH OUTPTNT

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

@STATE HOSPITAL

ROOM USE

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$		\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MO	NTH-OF-PAYMENT RE	PORT	FOR JAN 2003	THRU	DEC	2003	PAGE	7,028
MOP024	FEE-FOR-SERVICE/DENTAL					_				01	/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	CRAIG	CASES-	BLIND IN PA-BLIN	D	AID CODE 2E					
							M	IONTH	LY AVERA	GE	

					MON'	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0			.00	.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00 \$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00 \$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARAT	TE INFORMATION	I ITEM	ONLY;						
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE APPI	ROPRIATE DETAI	[L LIN	ES ABOVE.						
** THESE DATA ARE INCLUDED I	N THE APPROPRIATE	DETAIL LINES	ABOVE							
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDIT	CURES 1	MONTH-OF-PAYME	NT REPOR	T FOR JAN	2003 THRU D	EC 2003	PA	GE 7,029
MOP024	FEE-FOR-SERVICE/I	DENTAL								01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVIO	CES FOR CRAIC	CASE	S- DISABLED IN	PA-DISA	BLED AID C	ODE 6E			
							MO	NTHLY AVER	AGE -	
51 ELIGIBLES	USERS (JNITS OF SERV	ICE	EXPENDITU:	RES AV	ERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CA	ARE		PE	R UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@TOTAL, ALL PROVIDERS	81	8,204	\$	54,992		6.70		\$ 678.92	\$	1078.28
				4 000		CE 71	1 100	4 222 01	4	97.92
@PHYSICIANS SERVICES	15	76	Ş	4,993		65.71	1.490	\$ 332.91	Ş	
@PHYSICIANS SERVICES OUTPATIENT VISITS OFFICE VISITS	15 5	76 9	Ş	4,993 584 417	.10	64.90 69.57	.176 .118	\$ 332.91 116.82 208.70	Ş	11.45 8.18

HOME VISITS	0	0		.00		.00	.00		.00		.00
EMERGENCY ROOM	2	2		136.70		68.35	.03		68.35		2.68
PREVENTIVE CARE	0	0		.00		.00	.00		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.00	0	.00		.00
OTHER OUTPATIENT	1	1		30.00		30.00	.02	0	30.00		.59
INPATIENT VISITS	1	1		27.50		27.50	.02	0	27.50		.54
HOSPITAL VISITS	1	1		27.50		27.50	.02	0	27.50		.54
CRITICAL CARE	0	0		.00		.00	.00	0	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.00	0	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.00	0	.00		.00
EXAMINATIONS	0	0		.00		.00	.00	0	.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.00	0	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.00		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.00		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.00		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.00		.00		.00
OUTPATIENT SURGERY	1	1		309.01		309.01	.02		309.01		6.06
PRINCIPAL SURGEON	1	1		309.01		309.01	.02		309.01		6.06
ASSISTANT SURGEON	0	0		.00		.00	.00		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.00		.00		.00
DIALYSIS	0	0		.00		.00	.00		.00		.00
PATHOLOGY	2	22		50.87		2.31	.43		25.44		1.00
RADIOLOGY	11	37		3,922.06		106.00	.72		356.55		76.90
PSYCHIATRY	0	0		.00		.00	.00		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.00		.00		.00
OTHER SERVICES/ALL X-OVERS	3	6		100.16		16.69	.11		33.39		1.96
@PHARMACY	59	268	\$	27,175.77	\$	101.40	5.25			Ġ	532.86
PRESCRIPTION DRUGS	59 59	259	Ą	26,967.19	Ą	101.40	5.25		457.07	Ą	528.77
SNF/ICF	3	24		1,668.96		69.54	.47		556.32		32.72
OUTPATIENTS	56	235		25,298.23		107.65	4.60		451.75		496.04
	7	233		· ·		23.18	.17		29.80		4.09
MEDICAL SUPPLIES @DENTIST	1	9	ė.	208.58 64.00	Ś	7.11	.17			Ġ	1.25
VISITS - DIAGNOSTIC	1	-	\$	64.00	Ą	7.11	.17		64.00	Ą	1.25
	1	9		.00		.00	.00		.00		.00
ORAL SURGERY	0	0		.00					.00		
DRUGS	0	0				.00	.00				.00
ANESTHESIA	0	0		.00		.00	.00		.00		.00
PERIODONTICS	0	0		.00		.00	.00		.00		.00
ENDODONTICS	0	0		.00		.00	.00		.00		.00
RESTORATIVE DENTISTRY	0	0									.00
PROSTHETICS	0	0		.00		.00	.00		.00		.00
DENTURES, STAYPLATES	U	0		.00		.00	.00		.00		.00
SPACE MAINTAINERS	U	0		.00		.00	.00		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.00		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.00		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.00		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.00		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		JRES MO	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THR	U DE	2003	PA	GE 7,030
MOP024	FEE-FOR-SERVICE/DENTAL		a. c= c	DIGIDI			G0DE (=				01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FO	R CRAIG	CASES-	- DISABLED IN PA-I	DISAB.	LED AID (~-	
								MON'	THLY AVERA	GE -	

----- MONTHLY AVERAGE -----51 ELIGIBLES USERS UNITS OF SERVICE COST PER EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 1 47.45 \$ 47.45 .020 \$ 47.45 \$.93 47.45 47.45 .93 DIAGNOSTIC AND ANC. PROCED 1 47.45 .020 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES @CHIROPRACTOR 0 0 .00 \$.00 .000 \$.00 \$.00 0 0 .00 .00 .000 .00 .00 VISITS 0 OTHER SERVICES 0 .00 .00 .000 .00 .00 0 .00 .00 .000 \$.00 \$.00 @PODIATRIST \$ \$

MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	Ś	.00	Ś	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		Ő	Ġ	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	ب ب	.00		.00	.000	\$.00	\$.00
	0		0	ې d		\$						
PEDIATRIC NURSE PRACTITIONER	U		0	Ş	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	Ş	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	10		69	\$	6,043.17	\$	87.58	1.353	\$	604.32	\$	118.49
HOSP INPATIENT TOTAL	2		4		4,345.00		1086.25	.078		2172.50		85.20
HSC HOSPITALS	2		4		4,345.00		1086.25	.078		2172.50		85.20
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0 0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		
ANCILLARIES	0		0									.00
INPATIENT CROSSOVERS	Ü		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	9		65		1,698.17		26.13	1.275		188.69		33.30
MEDICAL	4		7		476.46		68.07	.137		119.12		9.34
SURGERY	1		1		14.57		14.57	.020		14.57		. 29
PATHOLOGY	5		31		512.54		16.53	.608		102.51		10.05
RADIOLOGY	4		7		207.87		29.70	.137		51.97		4.08
ROOM USE	5		7		331.61		47.37	.137		66.32		6.50
CROSSOVERS/ALL OTH OUTPTNT	4		12		155.12		12.93	.235		38.78		3.04
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	¢	.00	Ġ	.00
CO HOSPITAL INPATIENT TOTAL	0		0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
	0		0				.00	.000		.00		
HSC HOSPITALS	0		0		.00							.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		Ô		.00		.00	.000		.00		.00
SURGERY	Ô		n		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		
RADIOLOGY	0		0									.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			PENDITUR	ES MO	NTH-OF-PAYMENT R	EPOR	T FOR JAN 2	2003 THRU	DEC	2003	P	AGE 7,031
MOP024	FEE-FOR-SERVICE											01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR	CRAIG C	ASES-	DISABLED IN PA-	DISA	BLED AID CO	ODE 6E				
								M	ONT	HLY AVERA	GE	
51 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10		69	\$	6,043.17	\$	87.58	1.353				118.49
COMM HOSP INPATIENT TOTAL	2		4	'			1086.25					

					MON	THLY AVERA	GE
51 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10	69	\$ 6,043.17	\$ 87.58	1.353 \$	604.32	\$ 118.49
COMM HOSP INPATIENT TOTAL	2	4	4,345.00	1086.25	.078	2172.50	85.20
HSC HOSPITALS	2	4	4,345.00	1086.25	.078	2172.50	85.20
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	Ω			.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	9	65		1,698		26.13	1.275		188.69		33.30
MEDICAL	4	7		476		68.07	.137		119.12		9.34
SURGERY	1	í			.57	14.57	.020		14.57		.29
PATHOLOGY	<u>-</u> 5	31		512		16.53	.608		102.51		10.05
RADIOLOGY	4	7		207		29.70	.137		51.97		4.08
ROOM USE	5	7		331		47.37	.137		66.32		6.50
CROSSOVERS/ALL OTH OUTPTNT	4	12		155		12.93	.235		38.78		3.04
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	т.		.00	.00	.000	т.	.00	т.	.00
DEVELOP. DISABLED	0	0			.00	.00	.000		.00		.00
@NURSING FACILITY	3	62	\$	7,066		\$ 113.98	1.216	\$	2355.59	\$	138.56
LEV A-INTERMEDIATE	0	0	•		.00	.00	.000		.00		.00
LEV B-REHAB MD	0	0			.00	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00	.00	.000		.00		.00
LEV B-REGULAR	3	62		7,066	.76	113.98	1.216		2355.59		138.56
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0			.00	.00	.000		.00		.00
ICF DD	0	0			.00	.00	.000		.00		.00
ICF DDN/DDCN	0	0			.00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0			.00	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0			.00	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0			.00	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0			.00	.00	.000		.00		.00
@LABORATORY FACILITY	3	8	\$	195		\$ 24.39	.157	\$	65.03	\$	3.83
PATHOLOGY	3	8		195	.08	24.39	.157		65.03		3.83
XO AND OTHERS	0	0			.00	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	27	56	\$	4,147		\$ 74.06	1.098	\$	153.61	\$	81.32
CLINIC	0	0			.00	.00	.000		.00		.00
SURGICENTER	0	0			.00	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			.00	.00	.000		.00		.00
RURAL HEALTH CLINIC	27	56		4,147		74.06	1.098		153.61		81.32
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITU:	RES M	ONTH-OF-PAYME	NT REPO	ORT FOR JAN	2003 THRU	DEC	2003	PΙ	AGE 7,032
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES FOR	CRAIG	CASES	- DISABLED IN	PA-DIS	SABLED AID (403TT	מ מינונא א זווי	aп	

51 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	15	7,655 \$	5,259.09	\$.69	150.098	\$ 350.61	\$ 103.12
DURABLE MED. EQUIP.	1	1	16.20	16.20	.020	16.20	.32
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	167	3,962.75	23.73	3.275	660.46	77.70
AMBULANCES/AIR TRANS	6	166	2,162.75	13.03	3.255	360.46	42.41
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.020	1800.00	35.29
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	5	75.88	15.18	.098	75.88	1.49
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	4	146.23	36.56	.078	48.74	2.87

----- MONTHLY AVERAGE -----

PROSTHETICS	1	2	79.10	39.55	.039	79.10	1.55
ORTHOTICS	2	2	67.13	33.57	.039	33.57	1.32
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	3	9.87	3.29	.059	9.87	.19
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	7,475	1,048.16	.14	146.569	209.63	20.55
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	3	15	\$ 122.88	\$ 8.19	.294	\$ 40.96	\$ 2.41

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 7,033

01/29/04

MARIPOSA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

MARIPOSA COUNTY	SUMMARY OF SER	VICES FOR CRAIG	CASES	- TOTAL IN PA-TOTA	₹L			~=
50			_			MON		
52 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CAR			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	83	8,206	\$	55,121.09	\$ 6.72	157.808 \$		\$ 1060.02
@PHYSICIANS SERVICES	15	76	\$	4,993.70	\$ 65.71	1.462 \$		\$ 96.03
OUTPATIENT VISITS	5	9		584.10	64.90	.173	116.82	11.23
OFFICE VISITS	2	6		417.40	69.57	.115	208.70	8.03
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2		136.70	68.35	.038	68.35	2.63
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1		30.00	30.00	.019	30.00	.58
INPATIENT VISITS	1	1		27.50	27.50	.019	27.50	.53
HOSPITAL VISITS	1	1		27.50	27.50	.019	27.50	.53
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1		309.01	309.01	.019	309.01	5.94
PRINCIPAL SURGEON	1	1		309.01	309.01	.019	309.01	5.94
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	22		50.87	2.31	.423	25.44	.98
RADIOLOGY	11	37		3,922.06	106.00	.712	356.55	75.42
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	6		100.16	16.69	.115	33.39	1.93
@PHARMACY	61	270	\$	27,304.40	\$ 101.13	5.192 \$	447.61	\$ 525.08
PRESCRIPTION DRUGS	61	261	•	27,095.82	103.82	5.019	444.19	521.07
SNF/ICF	3	24		1,668.96	69.54	.462	556.32	32.10
OUTPATIENTS	58	237		25,426.86	107.29	4.558	438.39	488.98
MEDICAL SUPPLIES	7	9		208.58	23.18	.173	29.80	4.01
@DENTIST	i	9	\$	64.00	\$ 7.11	.173 \$		
VISITS - DIAGNOSTIC	1	9	т	64.00	7.11	.173	64.00	1.23
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
	· ·	ű			. 0 0		. 30	. 3 0

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN 2	003 THRU DEC	2003	PAGE 7,034
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVICES F	OR CRAIG CASES	- TOTAL IN PA-TOTAL				

----- MONTHLY AVERAGE -----

52 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPEN	DITURES	AVERAGE COS			COST PER USER		COST PER
@OPTOMETRIST	1	1 \$		47.45	\$ 47.45		\$	47.45	\$.91
DIAGNOSTIC AND ANC. PROCED	1	1		47.45	47.45	.019		47.45	Ψ.	.91
EYE APPLIANCES	0	0		.00	.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000		.00		.00
@CHIROPRACTOR	0			.00	\$.00			.00	بن	
	0	0 \$.000			\$.00
VISITS	0	0		.00	.00	.000		.00		.00
OTHER SERVICES	0	U		.00	.00	.000		.00		.00
@PODIATRIST	0	0 \$.00	\$.00) \$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000		.00		.00
SURGERY/ANES.	0	0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000		.00		.00
OTHER	0	0		.00	.00	.000)	.00		.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000) \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000) \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000) \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000) \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	10	69 \$	6	,043.17	\$ 87.58	1.32		604.32	\$	116.21
HOSP INPATIENT TOTAL	2	4		,345.00	1086.25	.07		2172.50	•	83.56
HSC HOSPITALS	2	4		,345.00	1086.25	.07		2172.50		83.56
NON-HSC HOSPITAL TOTAL	0	0	-	.00	.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000		.00		.00
	0	0		.00		.000		.00		
ANCILLARIES	0	0			.00					.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	U	0		.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	9	65	1	,698.17	26.13	1.250		188.69		32.66
MEDICAL	4	7		476.46	68.07	.13		119.12		9.16
SURGERY	1	1		14.57	14.57	.019		14.57		.28
PATHOLOGY	5	31		512.54	16.53	.596		102.51		9.86
RADIOLOGY	4	7		207.87	29.70	.135		51.97		4.00
ROOM USE	5	7		331.61	47.37	.135		66.32		6.38
CROSSOVERS/ALL OTH OUTPTNT	4	12		155.12	12.93	. 232		38.78		2.98
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000		.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000)	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000)	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000)	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000)	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000)	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000)	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000)	.00		.00
ANCILLARIES	0	0		.00	.00	.000)	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000		.00		.00
MEDICAL	0	0		.00	.00	.000		.00		.00
SURGERY	0	0		.00	.00	.000		.00		.00
PATHOLOGY	0	0		.00	.00	.000		.00		.00
RADIOLOGY	0	0		.00	.00	.000		.00		.00
ROOM USE	0	0		.00	.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000		.00		.00
		· ·	MONTH OF F						יח	
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONIH-OF-P.	AIMENI KE	OKI FUK JAI	N ZUUS IHRU	טאַע י	. 2003	PI	AGE 7,035
MOP024 MARIPOSA COUNTY	FEE-FOR-SERVICE	DENTAL ICES FOR CRAIG CASE	IC TOTAL T	אז הא הייטים או						01/29/04
MAKIPUSA COUNTI	SUMMARI OF SERV.	LCES FOR CRAIG CASE	.L TATOT T	N PA-IUIAI	_		м∩мп	HLY AVERA	GF -	
							1.10TA T	אאמיא איייי	- ندت	

----- MONTHLY AVERAGE -----USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OD DAVC OF CARE				חשר	11M1TTT / DA W	DED ELTC	,	HCED		ET TOTOLE
@COMMUNITY HOSPITAL TOTAL	10	OR DAYS OF CARE 69	\$		6,043.17	Р <u>ь</u> г \$	UNIT/DAY 87.58	PER ELIG 1.327		USER 604.32	\$	ELIGIBLE 116.21
COMM HOSP INPATIENT TOTAL	2	4	Ą		4,345.00		1086.25	.077	Ą	2172.50	Ą	83.56
HSC HOSPITALS	2	4			4,345.00		1086.25	.077		2172.50		83.56
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00		.00
	0	0										
ACCOMMODATIONS	0	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	9	65			1,698.17		26.13	1.250		188.69		32.66
MEDICAL	4	7			476.46		68.07	.135		119.12		9.16
SURGERY	1	1			14.57		14.57	.019		14.57		.28
PATHOLOGY	5	31			512.54		16.53	.596		102.51		9.86
RADIOLOGY	4	7			207.87		29.70	.135		51.97		4.00
ROOM USE	5	7			331.61		47.37	.135		66.32		6.38
CROSSOVERS/ALL OTH OUTPTNT	4	12			155.12		12.93	.231		38.78		2.98
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	3	62	\$		7,066.76	\$	113.98	1.192	\$	2355.59	\$	135.90
LEV A-INTERMEDIATE	0	0			.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR	3	62			7,066.76		113.98	1.192		2355.59		135.90
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	т.		.00	т.	.00	.000	т	.00	т.	.00
ICF DD	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	٧		.00	٧	.00	.000	Y	.00	Y	.00
HEMODIALYSIS CENTER	0	0			.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Ą		.00	Ą	.00	.000	Ą	.00	Ą	.00
INDEPENDENT FACILITY	0	0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	8	\$		195.08	\$	24.39	.154	\$	65.03	\$	3.75
	2	8	Ą		195.08	Ą	24.39	.154	Ą	65.03	Ą	3.75
PATHOLOGY	5	0					.00	.000		.00		.00
XO AND OTHERS	27	56	\$.00	۲.	74.06	1.077	ė,	153.61	ė,	79.76
@ORGANIZED OUTPATIENT CLINIC	27	0	Ą		4,147.44	\$.00	.000	\$		\$	
CLINIC	0	0			.00					.00		.00
SURGICENTER	0	0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC		-			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	27	56	- N	CATELL OF	4,147.44	TDODE	74.06	1.077	חחמ	153.61	_	79.76
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES M	ION TH-OF-	-PAYMENT R	EPORT	FOR JAN 2	2003 THRU	DEC	2003	Р	AGE 7,036
MOP024	FEE-FOR-SERVICE				T11 D1 mom							01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	ICES FOR CRAIG C	ASES	S- TOTAL	IN PA-TOT	'AL					~ =	
50 FI TGTPI FG	Hanna					3		N				
52 ELIGIBLES	USERS	UNITS OF SERVICE		EXPE	ENDITURES		RAGE COST					COST PER
	1.5	OR DAYS OF CARE			- 0-0 00		UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	15		\$,	\$		147.212	Ş		Ş	101.14
DURABLE MED. EQUIP.	1	1			16.20		16.20	.019		16.20		.31
BLOOD BANK	0	0			.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0			.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	6	167			3,962.75		23.73	3.212		660.46		76.21
AMBULANCES/AIR TRANS	6	166			2,162.75		13.03	3.192		360.46		41.59
OTHER TRANS	0	0			.00		.00	.000		.00		.00

OTHER SERVICES	1	1	1,800.00	1800.00	.019	1800.00	34.62
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	5	75.88	15.18	.096	75.88	1.46
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	4	146.23	36.56	.077	48.74	2.81
PROSTHETICS	1	2	79.10	39.55	.038	79.10	1.52
ORTHOTICS	2	2	67.13	33.57	.038	33.57	1.29
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	3	9.87	3.29	.058	9.87	.19
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	7,475	1,048.16	.14	143.750	209.63	20.16
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	3	15	\$ 122.88	\$ 8.19	.288	\$ 40.96	\$ 2.36

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,037 MOP024 FEE-FOR-SERVICE/DENTAL

01/29/04 MARIPOSA COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED ----- MONTHLY AVERAGE -----

					MOI	NITLI AVEKAC	3E
27,360 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	16,423	363,194 \$	9,019,225.59	\$ 24.83	13.275	\$ 549.18	\$ 329.65
@PHYSICIANS SERVICES	3,473	12,177 \$	468,377.97	\$ 38.46	.445	\$ 134.86	\$ 17.12
OUTPATIENT VISITS	1,124	1,744	73,815.97	42.33	.064	65.67	2.70
OFFICE VISITS	572	717	27,760.49	38.72	.026	48.53	1.01
HOME VISITS	1	1	68.62	68.62	.000	68.62	.00
EMERGENCY ROOM	286	356	20,668.63	58.06	.013	72.27	.76
PREVENTIVE CARE	4	4	210.10	52.53	.000	52.53	.01
OB VISITS/COMPRE PERI	175	518	20,383.48	39.35	.019	116.48	.75
OTHER OUTPATIENT	136	148	4,724.65	31.92	.005	34.74	.17
INPATIENT VISITS	217	580	32,610.45	56.22	.021	150.28	1.19
HOSPITAL VISITS	199	501	23,060.90	46.03	.018	115.88	.84
CRITICAL CARE	14	64	9,102.95	142.23	.002	650.21	.33
SNF/ICF/TRANS IP CARE	10	15	446.60	29.77	.001	44.66	.02
OPHTHALMOLOGICAL SERVICES	57	61	2,777.71	45.54	.002	48.73	.10
EXAMINATIONS	57	61	2,777.71	45.54	.002	48.73	.10
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	183	1,063	91,532.26	86.11	.039	500.18	3.35
PRINCIPAL SURGEON	120	165	72,360.78	438.55	.006	603.01	2.64
ASSISTANT SURGEON	22	21	3,427.30	163.20	.001	155.79	.13
ANESTHESIOLOGIST	67	877	15,744.18	17.95	.032	234.99	.58
OUTPATIENT SURGERY	293	869	64,428.89	74.14	.032	219.89	2.35
PRINCIPAL SURGEON	240	350	51,764.89	147.90	.013	215.69	1.89
ASSISTANT SURGEON	6	6	859.82	143.30	.000	143.30	.03
ANESTHESIOLOGIST	94	513	11,804.18	23.01	.019	125.58	.43
DIALYSIS	12	27	3,366.75	124.69	.001	280.56	.12
PATHOLOGY	318	1,040	9,586.99	9.22	.038	30.15	.35
RADIOLOGY	1,400	2,270	91,863.81	40.47	.083	65.62	3.36
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	67	939		39,323.84		41.88	.034	586.92		1.44
OTHER SERVICES/ALL X-OVERS	1,009	3,584		59,071.30		16.48	.131	58.54		2.16
@PHARMACY	10,283	84,840	\$	2,796,736.51	\$	32.96	3.101	\$ 271.98	\$	102.22
PRESCRIPTION DRUGS	10,230	36,444	•	2,740,271.13	•	75.19	1.332	267.87		100.16
SNF/ICF	495	3,754		221,217.64		58.93	.137	446.90		8.09
OUTPATIENTS	9,763	32,690		2,519,053.49		77.06	1.195	258.02		92.07
MEDICAL SUPPLIES	450	48,396		56,465.38		1.17	1.769	125.48		2.06
@DENTIST	1,159	6,008	\$	239,641.20	\$	39.89	.220		\$	
VISITS - DIAGNOSTIC	757	3,574	•	50,453.36	•	14.12	.131	66.65		1.84
ORAL SURGERY	180	536		33,437.00		62.38	.020	185.76		1.22
DRUGS	11	36		500.00		13.89	.001	45.45		.02
ANESTHESIA	32	36		3,200.00		88.89	.001	100.00		.12
PERIODONTICS	35	40		4,487.00		112.18	.001	128.20		.16
ENDODONTICS	124	240		36,493.00		152.05	.009	294.30		1.33
RESTORATIVE DENTISTRY	375	1,238		81,232.00		65.62	.045	216.62		2.97
PROSTHETICS	3	3		90.00		30.00	.000	30.00		.00
DENTURES, STAYPLATES	39	117		13,468.16		115.11	.004	345.34		.49
SPACE MAINTAINERS	14	19		2,181.00		114.79	.001	155.79		.08
MAXILLOFACIAL SERVICES	34	35		3,954.68		112.99	.001	116.31		.14
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	89	105		9,845.00		93.76	.004	110.62		.36
ALL OTHER SERVICES	35	29		300.00		10.34	.001	8.57		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITUR	RES M	IONTH-OF-PAYMENT R	EPORT	FOR JAN	2003 THRU DI	EC 2003	P.	AGE 7,038
MOP024	FEE-FOR-SERVICE/	DENTAL								01/29/04
MARIPOSA COUNTY	SUMMARY OF SERVI	CES FOR TOTAL C	CERTI	FIED						
							-	NTHLY AVERA	_	
27,360 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS			COST PER
		OR DAYS OF CARE					PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	325	827	\$	19,218.68	\$	23.24			\$.70
DIAGNOSTIC AND ANC. PROCED	206	206		9,567.96		46.45		46.45		.35
EYE APPLIANCES	198	561		7,691.09		13.71	.021	38.84		. 28
OTHER OPTOMETRIC SERVICES	43	60		1,959.63		32.66	.002	45.57		.07
@CHIROPRACTOR	84	128	\$	2,127.62	\$	16.62	.005		\$.08
VISITS	8.2	126		2 094 18		16 62	005	25 54		0.8

27,360 ELIGIBLES	USERS	UNITS OF SERVIC	EXPENDITURES	ERAGE COST		COST PER	COST PER
		OR DAYS OF CAR		R UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	325	827	\$ 19,218.68	\$ 23.24	.030	\$	\$.70
DIAGNOSTIC AND ANC. PROCED	206	206	9,567.96	46.45	.008	46.45	.35
EYE APPLIANCES	198	561	7,691.09	13.71	.021	38.84	.28
OTHER OPTOMETRIC SERVICES	43	60	1,959.63	32.66	.002	45.57	.07
@CHIROPRACTOR	84	128	\$ 2,127.62	\$ 16.62	.005	\$ 25.33	\$.08
VISITS	82	126	2,094.18	16.62	.005	25.54	.08
OTHER SERVICES	2	2	33.44	16.72	.000	16.72	.00
@PODIATRIST	94	110	\$ 1,106.18	\$ 10.06	.004	\$ 11.77	\$.04
MEDICINE/INJECTIONS	11	11	270.20	24.56	.000	24.56	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	83	99	835.98	8.44	.004	10.07	.03
@HOME HEALTH AGENCY	37	817	\$ 26,541.21	\$ 32.49	.030	\$ 717.33	\$.97
NURSE ANESTHESIST	6	38	\$ 356.99	\$ 9.39	.001	\$ 59.50	\$.01
NURSE MIDWIFE	1	1	\$ 57.20	\$ 57.20	.000	\$ 57.20	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	3	3	\$ 97.46	\$ 32.49	.000	\$ 32.49	\$.00
@TOTAL HOSPITAL	3,193	15,276	\$	\$ 92.15	.558	\$ 440.84	\$ 51.45
HOSP INPATIENT TOTAL	260	1,017	1,009,286.73	992.42	.037	3881.87	36.89
HSC HOSPITALS	165	630	772,035.95	1225.45	.023	4679.01	28.22
NON-HSC HOSPITAL TOTAL	42	119	173,560.11	1458.49	.004	4132.38	6.34
ACCOMMODATIONS	42	119	59,968.75	503.94	.004	1427.83	2.19
ADMINISTRATIVE DAYS	2	3	693.90	231.30	.000	346.95	.03
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	40	116	59,274.85	510.99	.004	1481.87	2.17
ANCILLARIES	42	0	113,591.36	.00	.000	2704.56	4.15
INPATIENT CROSSOVERS	54	268	63,690.67	237.65	.010	1179.46	2.33
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,022	14,259	398,323.03	27.93	.521	131.81	14.56
MEDICAL	1,560	2,431	106,247.59	43.71	.089	68.11	3.88
SURGERY	243	267	19,666.88	73.66	.010	80.93	.72
PATHOLOGY	880	3,876	41,417.10	10.69	.142	47.06	1.51

RADIOLOGY	836	1,155	70,691.51	61.20	.042	84.56	2.58
ROOM USE	1,751	2,365	95,173.92	40.24	.086	54.35	3.48
CROSSOVERS/ALL OTH OUTPINT	1,486	4,165	65,126.03	15.64	.152	43.83	2.38
@COUNTY HOSPITAL TOTAL	178	989	\$ 74,548.33	\$ 75.38	.036	\$ 418.81	\$ 2.72
CO HOSPITAL INPATIENT TOTAL	12	56	51,085.00	912.23	.002	4257.08	1.87
HSC HOSPITALS	12	56	51,085.00	912.23	.002	4257.08	1.87
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	169	933	23,463.33	25.15	.034	138.84	.86
MEDICAL	49	64	1,720.86	26.89	.002	35.12	.06

SURGERY	22	25		920.36		36.81	.001		41.83		.03
PATHOLOGY	62	264		2,908.66		11.02	.010		46.91		.11
RADIOLOGY	54	81		6,835.17		84.38	.003		126.58		. 25
ROOM USE	97	132		6,097.38		46.19	.005		62.86		. 22
CROSSOVERS/ALL OTH OUTPTNT	85	367		4,980.90		13.57	.013		58.60		.18
#CALIF DEPT OF HEALTH SERV			RES M	MONTH-OF-PAYMENT R	REPORT	FOR JAN 2	2003 THRU I	DEC	2003	P	AGE 7,039
MOP024	FEE-FOR-SERVICE										01/29/04
MARIPOSA COUNTY	SUMMARY OF SERV	SUMMARY OF SERVICES FOR TOTAL CERTIFIED									
							MO				
27,360 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST		S (COST PER		COST PER
		OR DAYS OF CAR				R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,068	14,287	\$	1,333,061.43	\$	93.31	.522	\$	434.51	\$	48.72
COMM HOSP INPATIENT TOTAL	249	961		958,201.73		997.09	.035		3848.20		35.02
HSC HOSPITALS	153	574		720,950.95		1256.01	.021		4712.10		26.35
NON-HSC HOSPITALS TOTAL	42	119		173,560.11		1458.49	.004		4132.38		6.34
ACCOMMODATIONS	42	119		59,968.75		503.94	.004		1427.83		2.19
ADMINISTRATIVE DAYS	2	3		693.90		231.30	.000		346.95		.03
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	40	116		59,274.85		510.99	.004		1481.87		2.17
ANCILLARIES	42	0		113,591.36		.00	.000		2704.56		4.15
INPATIENT CROSSOVERS	54	268		63,690.67		237.65	.010		1179.46		2.33
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	2,899	13,326		374,859.70		28.13	.487		129.31		13.70
MEDICAL	1,527	2,367		104,526.73		44.16	.087		68.45		3.82
SURGERY	222	242		18,746.52		77.46	.009		84.44		.69
PATHOLOGY	826	3,612		38,508.44		10.66	.132		46.62		1.41
RADIOLOGY	784	1,074		63,856.34		59.46	.039		81.45		2.33
ROOM USE	1,684	2,233		89,076.54		39.89	.082		52.90		3.26
CROSSOVERS/ALL OTH OUTPTNT	1,419	3,798		60,145.13		15.84	.139		42.39		2.20
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	516	15,798	\$	2,492,657.17	\$	157.78	.577	\$	4830.73	\$	91.11
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	8	226		27,330.18		120.93	.008		3416.27		1.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	508	15,572		2,465,326.99		158.32	.569		4853.01		90.11
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	43	1,343	\$	53,402.74	\$	39.76	.049	\$	1241.92	\$	1.95
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	43	1,343		53,402.74		39.76	.049		1241.92		1.95
@REHABILITATION FACILITY	14	66	\$	1,770.31	\$	26.82	.002	\$	126.45	\$.06
HOSPITAL BASED	14	66		1,770.31		26.82	.002		126.45		.06

INDEPENDENT FACILITY .00 .00 .00 0 0 .000 .00 @LABORATORY FACILITY 895 2,730 42,213.48 .100 \$ 47.17 \$ 15.46 1.54 PATHOLOGY 860 2,650 40,656.00 15.34 .097 47.27 1.49 XO AND OTHERS 36 80 1,557.48 19.47 .003 43.26 .06 @ORGANIZED OUTPATIENT CLINIC 6,663 11,208 1,035,859.99 92.42 .410 \$ 155.46 \$ 37.86 7,876.22 26.52 CLINIC 92 297 .011 85.61 .29 97 416 17,312.65 41.62 .015 178.48 SURGICENTER .63 5 1 73.00 14.60 .000 73.00 .00 HEROIN DETOX CLINIC

1,010,598.12

96.34

.383

154.88

36.94

01/29/04

PAGE 7,040

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL MARIPOSA COUNTY

RURAL HEALTH CLINIC

SUMMARY OF SERVICES FOR TOTAL CERTIFIED

10,490

6,525

00 260 51 10151 50			_				ONTILLI AVERA		GOGE DED
27,360 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST				COST PER
	0.506	OR DAYS OF CAR		401 451 10	PER UNIT/DAY				ELIGIBLE
@ALL OTHER PROVIDERS	2,586	211,824	\$	431,451.12	\$ 2.04	7.742	•		15.77
DURABLE MED. EQUIP.	142	471		74,892.19	159.01	.017	527.41		2.74
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	43	71		19,203.61	270.47	.003	446.60		.70
MEDICAL TRANSPORTATION	386	9,788		117,558.27	12.01	.358	304.56		4.30
AMBULANCES/AIR TRANS	317	7,094		76,823.80	10.83	.259	242.35		2.81
OTHER TRANS	55	2,086		6,835.40	3.28	.076	124.28		.25
OTHER SERVICES	38	608		33,899.07	55.76	.022	892.08		1.24
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	22	395		27,241.34	68.97	.014	1238.24		1.00
GENETIC DISEASE TESTING	31	31		3,067.00	98.94	.001	98.94		.11
IHMC, MODEL-NF, NF, AIDS, MSSP	134	517		38,440.75	74.35	.019	286.87		1.40
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	349	866		11,843.54	13.68	.032	33.94		.43
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	7	25		256.01	10.24	.001	36.57		.01
PROSTHETIST/ORTHOTISTS	48	85		4,712.67	55.44	.003	98.18		.17
PROSTHETICS	26	58		3,447.42	59.44	.002	132.59		.13
ORTHOTICS	22	27		1,265.25	46.86	.001	57.51		.05
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	22	47		3,232.92	68.79	.002	146.95		.12
HOSPICE SERVICES	0	0		13.32	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	733	10,294		49,536.30	4.81	.376	67.58		1.81
EPSDT SUPPLEMENTAL SERVICE	0			.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	832	189,234		81,453.20		6.916	97.90		2.98
@CALIF. CHILDREN SERVICES*	133	2,820	\$	208,881.39		.103			7.63
@XOVER EXCLUDING STATE HOSP**	1,620	21,407	Ġ.	246,399.73	•	.782	•		9.01
			ү ТТГМ		γ 11.J1	. / 0 2	γ 132.10	Ą	9.01
@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;									

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.